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## ORIGINAL DEPARTMENT.

### LECTURE.

#### EMPHYSEMA ARRESTING TUBERCULOSIS.\*

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The patient is a woman aged 45, who brings a history of long-standing ill health. She has been exposed to damp houses, has had malarial fever, and for some time past has been suffering from dyspnoea. She was once before in the hospital with symptoms much the same, but in addition there was evidence of lung consolidation, supposed to be tubercular.

She left the hospital in '83, remaining for a time in fair health. She says the cough entirely disappeared. While in the hospital she had some spitting of blood, which symptom has recurred twice since that time, and she has lost considerable flesh.

At the time of her admission she had been ill four weeks, and presented, with decided cough, *ralés* through both lungs, and slight rise of temperature, which has, since her treatment here, subsided. The urine is normal.

As she appears this morning, her tongue is normal, her respirations 30 per minute; Pulse accelerated, (108,) and it has been continually as high, sometimes varying from 108 to 116 in twenty-four hours. She has no abdominal symptoms. It now remains to determine what significance this cough has. There is considerable expectoration; the right lung is clear on percussion, with extreme

resonance posteriorly, especially over the lower part of right lung; the resonance is of higher pitch on the right than on the left side, and only very slightly increased upon deep breathing.

The physical signs are coarse *ralés* under the right clavicle, which mask the breath-sounds, but where we can distinguish the breath-sounds they are distinctly bronchial low down, while above they are feeble but *not* bronchial.

Left side: respiration is harsh, with moist *ralés*, that mask the breath-sounds.

What do these sounds indicate?

1. Bronchial catarrh.

2. Consolidation at right apex.

3. Extreme resonance, with harsh breath-sounds, demonstrate emphysema of lower part of both lungs.

The history and signs point to bronchial catarrh of recent origin—acute, without doubt. But this emphysema; is this a bronchial catarrh which often co-exists with emphysema?

Mark the shape of the chest. How long has she had this emphysema? I believe for years. What relation has it to the consolidation at the right apex? Both are chronic, for our old hospital notes show it.

There is no evidence of hereditary phthisis, though at the time of her first admission to hospital, the signs were of phthisis.

The question now arises: How is it that she had this long interval of comparatively good health? This is the very interesting point.

*Emphysema has arrested the development of consolidation of the lungs, which bore all the signs of tuberculosis.* Indeed, so true is it that a condition of dilated air-cells is thought

\* Abstract of lecture delivered in the Pennsylvania Hospital.

favorable to tuberculosis, that we formerly tried to devise means to bring about emphysema, hoping thereby to arrest the progress of this disease; the reasons are not yet fully explained.

The patient's treatment, which was commenced February 25, has been—

R. Ammon. chlor.,	gr. x.
Tr. opii deod.,	gtt. vj.
Syr. prun. virg.,	3j.
M. S.—Dose every hour—	

since which time the cough and expectoration are lessened. She may now have less opium, and as soon as the acute condition of the catarrh is better we will administer cod-liver oil and iodide of potassium 10 grs. three times daily, which will relieve the dyspnoea and improve her general condition. From every point of view, this case is one of considerable interest.

#### CATARRHAL FEVER SIMULATING TYPHOID.

Here is a woman, aged 21 years, who tells us that her mother and one sister died of consumption. She has one child, (two years old,) who seems healthy. Patient was well till her thirteenth year, when the menses were established. She soon lost much blood, and her general health suffered, but after marriage this improved, and she was in comparatively fair health till three weeks ago, when she complained of chilliness, followed by nausea, vomiting, and complete anorexia.

She endeavored to relieve obstinate constipation by the use of salts, which induced excessive purging (as in typhoid fever), and there was a continued rise of temperature, especially in the afternoon. At present the bowels are constipated, the tongue coated and red at the tip and edges. Countenance dull, pulse weak, temperature  $101\frac{1}{2}^{\circ}$ . Urine is 1016 sp. gr. and normal. Skin is dry.

The temperature chart shows on the day of admission a temperature of  $101\frac{1}{2}^{\circ}$ ; the following day it fell to  $100^{\circ}$ , next day to  $99^{\circ}$ , then to  $98^{\circ}$ , and one day later shoots up to  $100^{\circ}$ , then suddenly to  $98^{\circ}$  again. This extreme irregularity is *unlike* typhoid. The mind was dull and heavy for the first few days, but is now better. The tongue, which was then dry, is moist. There is no eruption, though it has been sought for repeatedly. At first there was some tenderness of the bowels, but this has also disappeared. There is no heart lesion.

What is the diagnosis? This woman has had a catarrhal fever, simulating typhoid fever, and aggravated by colds. Such fevers are calculated to mislead the practitioner and cause errors in diagnosis. Epidemics of such

fever sometimes occur; in fact, such an epidemic exists in the city at the present time, under the false name of typhoid fever.

It would seem that the intestinal irritation was the *main* misleading point. But in beginning typhoid fever, we do not have nausea, vomiting, etc., causing the patient to seek relief. Temperature is not irregular, as in this case. I do not hesitate to say that this is a case of protracted catarrhal fever. I have known cases to last for weeks, but with judicious treatment they always end in recovery.

The diet is of great importance, light, easily digested food, (chiefly liquid,) milk, beef tea, etc., because of the intestinal irritation. Watch the secretions, and endeavor to keep them in normal condition.

We gave this patient an occasional laxative, and as she was very restless at night morphia, and as the tongue became dry some aromatic acid and quinine. For the dry skin we ordered sponging, as there was slight fever. We also gave her

R. Phos. ac. dil.,	
Tinct. cinchonæ comp.,	
Simple elixir,	

M. S.—One drachm before meals.

3j.  
ij.  
j.

The best laxative would be castor oil, but this is so difficult to take, that we have substituted confection of senna.

## COMMUNICATIONS.

### CLINICAL DIETETICS.

BY T. C. SMITH, M. D.,

Of Aurora, Ind.

The following case will illustrate many that are met with in practice. This was the case of a female; but the male often presents the same symptoms, so far as dietetic influences are involved on the general system:

Mrs. X., æt. 25, mother; one child, æt. 26 months. She is of French-American extraction, has dark hair and eyes and florid face. Her height is five feet four inches; weight, 140 pounds; very muscular, and carries considerable adipose tissue. She presented the following history: About thirteen months after birth of her child she supposed she was pregnant, but at the second menstrual period the discharge appeared. She states that it was then very free, continued far beyond the usual period, and became very offensive after the first two days. This condition has been repeated three times since that, and she is now in the second week of the fourth men-

struction of this character. To diagnose this condition now and dispose of this feature of the case may be most convenient. It seems clear to my mind that this lady had four times become pregnant, and that this caused the interruption of the menses. Their return, accompanied by the above-named symptoms, indicates the discharge of a blighted ovum. That she did not in any way, by intention, produce this blight of the ovum and return of the menses, I am fully persuaded, as that is not according to her wish; but whether the cause lay in the general extra plethora of blood and oversupply of nutrient material from overfeeding, we leave the reader to judge for himself. She did not come to complain of this condition of her menses, but of other systemic derangements.

She is troubled much of the time with a heavy supra-orbital pain. Some disturbance of vision at times, as the entangling of letters before her eyes; has a bad taste in the mouth much of the time, especially of a morning on rising; tongue is covered with a firm yellow coating, is thick, and disposed to be indented by the teeth. She has a strong, craving appetite, eats regularly, and does not piece between meals; complains that her food does not digest well; has constant bloated sensation in the stomach; very frequent eructations that demonstrate an acid fermentation rather than normal digestion of the food eaten; does not often vomit; has a dull pain in the liver much of the time; bowels are greatly constipated—do not move for three or four days without the use of some cathartic medicine; has been using some patent pills for this purpose; feels better after operation. The urine has been troubling her for months; it is scalding, sometimes very high-colored and scant; often free, but scalding; attributes this to disease of the kidneys; says "when the urine stands awhile in the vessel it leaves a thick pink stain and sediment on the bottom of the vessel; sometimes the urine is almost ropy, it is so thick."

To the question, "Do you feel depressed much of the time, and sometimes very cross toward everybody and everything?" she replied, "I do feel very greatly depressed, and cross too."

"What food do you crave most, and of what do you most freely partake?"

"O, I eat everything that is good if I can get it. I use meat freely, eggs, fried victuals, butter, cakes, molasses, and usually eat all I want, and that is considerable. I do my own housework, and that keeps me going most of the time."

She further stated that about an hour after eating she was usually greatly annoyed with indigestion, eructations of sour gas, has supra-orbital pain, and feeling of great depression, often very cross. This woman is naturally cheerful and kind.

Now this is not a remarkable case by any means, and its type is met with almost daily in the office of every busy physician. What is the trouble? Is it simply one of dyspepsia with constipation? Do these chylipoetic derangements have their origin in a strong sympathy with the uterus? The specialist might think so, and be led to ply a course of treatment directed to that organ, innocent though we deem it to be of all this offence. That there are dyspeptic symptoms is true. Shall we therefore ply the case with pepsin, peptonoids, digestive tonics, and stimulants?

To do so is only to give the patient temporary relief, and ultimately render the condition of the stomach worse. It is too much like whipping the over-tired horse, instead of resting him. True, he works better for a while, but it renders his plight only the worse at the last. But then if we turn to the liver, we find it also growling at its overburden, and making its overworked state known by the dull pain and its engorged condition. Shall we, therefore, keep giving soda and cholagogue cathartics to spur it to increased effort? This will relieve it for a while, just as the digestive agents and stimulants relieve the indigestion in the stomach. But this relief is only transient.

If we turn to the kidneys, we find that they too are drawn upon to the utmost of their capacity for labor. They manifest this by the dull pain across the loins, by the high-colored and strong-smelling urine, but more by the character of the sediment which the urine casts down when allowed to cool and stand awhile. This clearly indicates that the overworked liver is trying to find relief by throwing a part of its excess of labor on the kidneys. These in their turn are doing their utmost to relieve the system by the elimination of their usual proportion of the ordinary waste material, and of the excess of unassimilated material that the liver could not prepare for a higher step in the process of assimilation and tissue building.

We, in short, have a case in hand of a naturally stout, robust, healthy, good-natured and industrious woman, who has for months and very probably for years overfed herself. Not only so, but she has crowded on a very great excess of nitrogenous food. The results have been seen in the production of

some marked dyspeptic manifestations of a grave character; by engorgement of the liver, by the overworked kidneys, by the supra-orbital pain, crossness and depression of feelings, and by relative inactivity of the bowels, as shown in constipation.

Now, what course of treatment shall we pursue? Four channels of relief are open: *a*, digestive stimulants; *b*, free catharsis; *c*, increase of physical labor; *d*, regulation of diet. Which route shall we take? Which is the most practical? If we look to immediate relief, without regard to permanency of results, the second is the best. To follow the first channel will result in worse than failure at the last, though it may slowly bring relief at first; for the over-stimulated stomach will flag at the last, in spite of stimulants, and be left weaker than when the treatment was begun, and far less able to recuperate. The third channel—more work—in this case cannot be applied. In some others, where lazy indolence is habitual, it will be just the line needed and the most practical, provided you can get the lazy lout to think so. Albeit, the physician who advises this course in some of these lazy cases had better collect his bill before the lazy lout departs from his presence. But if we turn to the last channel of relief, especially if we precede it by the second, *i. e.*, catharsis—salines are best—we will hit the nail fairly on the head. An excellent threshing machine may be fed too rapidly and choked down. The remedy is to clear it of the excess of straw, and then feed less and with regularity. That is just what is needed in these cases. Clear the system of the excess of waste tissue and of unassimilated material that are floating in the blood and stowed away in the cells of the different tissues, and at once the patient feels relieved, digestion improves, mental hebetude is gone, the liver clears itself of its overburden, and the kidneys give normal urine again, because their overwork has been taken off down to their healthy amount.

If now we let the patient eat to gluttony again, the same state of things is soon re-established. But, if now we regulate the quality of the diet, and govern, to a fair degree, the quantity eaten, we shall keep our patient in health with the use of but little or no medicine. A placebo may be needed to satisfy the mind, but often not otherwise.

What should such a patient eat? It is better to ask, what such a patient avoid eating? If we can list the latter, the former will be easily comprehended.

All, or nearly all, nitrogenous articles of

diet should be eschewed, for it is this class of articles that throw the greatest weight of work on the stomach and liver, and lastly on the kidneys. When nitrogenous diet is indulged in by such a patient with freedom, he must eat very little of the non-nitrogenous class of food at that same meal. The two conflict sufficiently in the processes of digestion and assimilation to make it quite difficult for an impaired stomach and liver to carry the different steps to a full completion. To stop short of it is to bring upon the patient a return of the old symptoms with all their fullness, because it leaves the liver overloaded, the blood overcharged with waste and unassimilated material, and the kidneys soon choke up by reason of the extra demands made on their eliminative powers.

In the foregoing case, I ordered a free cathartic of salts, and directed that all manner of meats, eggs, butter, fatty foods, and rich pastry, must be scrupulously avoided. Nuts must also be eschewed. She must eat regularly, and live on vegetable foods, fruits and salt fish. Milk might be used freely if not taken with more than a very light meal. Buttermilk was commended. She must exercise freely. If her housework was not sufficient she must find other means of exercise. The constipation was to be overcome by the use of the unbolted flour made into bread, pancakes, or mush, by the fruits, and by the prompt answer of all the calls of nature. As to medicine, she took a weak solution of hydrochloric acid for a few days after each meal, and nothing more. She was advised to drink very freely and often of soft water; to drink, indeed, far in excess of what she felt the need of. This was to assist in the elimination of the waste and unassimilated material of the system. It also aids in the relief of constipation. Most persons could find the very best watering place for health right at the nearest cistern of pure water, if they would do so, instead of visiting expensive watering places. It is often more needful to flood the system with water, as a means of elimination, than we are wont to believe. The course indicated above will relieve most of this class of cases completely, and more permanently than will the free use of medicines.

As a rule, we in this country use too much nitrogenous food, *i. e.*, too much animal food, etc. The proportion of nitrogen demanded by the system is pretty large, and is not supplied as largely from the atmosphere as was formerly supposed; but the supply comes chiefly from a nitrogenous diet. Still, it is easy to overstock the system, easy to thus throw too



much work on the digestive, assimilative, and excretory organs, and thus produce a serious state of ill health. In fact, one may, by overfeeding, fill his blood, as it goes flying through its channels, with material that cannot be assimilated and made into tissue, and cannot be eliminated with sufficient rapidity to relieve the system. It therefore can do no other thing than decay while thus floating in the circulation and glands of the system. This makes it poisonous. It becomes a disease-producing power. There is animal matter rotting in the blood of the system. The subject has a storm of cephalalgia, of bilious colic, or it may be even of renal colic, of great dyspeptic depression; or it may develop, with a little malarial complication, a full-blown bilious fever, or a periodic neuralgia of no pleasant proportions.

On this subject Pavy wrote (Pavy on "Food and Dietetics," p. 505, ed. 1874,) in this strain, "The effect of a highly nitrogenized diet—and it is animal food which is characterized by richness of nitrogenous matter—is to throw upon the system a large amount of eliminative work. The nitrogenous matter in excess of that which is directly applied to the growth and renovation of the structures of the body undergoes a process of retrograde metamorphosis, and is resolved in part into certain useless nitrogenous products which have to be cast out by the agency of the glandular organs with which we are provided. Now, as long as free exercise is taken, and the circulation is kept in an active state, favorable circumstances exist for the absorption of oxygen and the proper occurrence of metamorphosis and elimination. Thus circumstanced, a diet into which animal food enters largely—a diet, that is, rich in nitrogenous matter—is borne with ease, and, indeed, may be said to conduce to increased tissue formation and the development of a high state of bodily health and strength. Conjoined with sedentary habits, however, a different result is observed. The sluggish circulation which such habits tend to occasion naturally entails defective oxygenation. This, in its turn, leads to imperfect metamorphosis, and the two together conspire to induce deficient eliminative action. Thus the system becomes more or less clogged with effete products, which act perniciously in various ways upon the body. For instance, there is reason to believe that they may sometimes in a direct manner constitute the source of gouty deposits in the joints. They undoubtedly give rise to the presence of a preternatural amount of solid matter in the urine, manifesting a proneness to become

deposited under the form of sand, gravel, or stone."

I have twice, recently, been called to see, in counsel with Dr. L. Loudon, of Wilmington, Ind., a young man suffering from nephritic colic of a very severe grade. This young man is a hearty eater, as reported to me, using freely of nitrogenous food, and is not at all sparing of non-nitrogenous diet also. He works little or none. The result is that his urine is loaded with waste nitrogenous products. These gather in the kidney in a sufficiently concentrated state to form a concretion, which, when it is dislodged and starts down the ureter, causes the young gentleman to suffer dearly for his idleness and the too free, pleasant indulgence of his palate. The remedy here is clear. More work or less nitrogenous food, or both, would be better than either one alone. Such cases are not uncommon.

But Pavy continues (*loc. cit.*): "They likewise disturb the action of the liver, producing a disposition to the occurrence of bilious derangements. Besides these effects, evidence is not wanting to show that through their influence the other functions of life are, to a greater or less extent, interfered with. To obviate, therefore, the production of these disordered actions, those who lead an inactive life should not allow their diet to contain a preponderance of nitrogenous food."

Our knowledge of the demands of the system in the way of food has now reached a point where we ought to teach ourselves and our patients what to eat. This matter is of too much importance to allow mere fancy or the mere pleasing of the palate to govern us in our eating and in our advice to those coming under our care. It is often better to diet a patient properly and wisely than to stuff him with drugs.

#### CONCURRENCE OF MEASLES AND TYPHOID FEVER.

BY DANIEL B. D. BEAVER, M. D.,  
Of Reading, Pa.

Willie W., æt. 6, recovered from an attack of measles on the first day of May, 1880. Two days later his brother, æt. 4, went to bed sick, after having complained several days of loss of appetite, lassitude, and peevishness. There was elevation of temperature, dry skin, thirst, headache, anorexia, and nausea and vomiting whenever any food was taken. These symptoms gradually increased in intensity, and were taken as constituting the first stage of measles, until the

fourth day, when the absence of the catarrh of that disease cast a doubt upon the diagnosis. On the fifth day the temperature was measured and found to be 103.4° between 11 and 12 a. m. Now a dry, hacking cough appeared, but no other signs of catarrh—no lachrymation nor sneezing, and no congestion of the pharynx or palate. The bowels up to this time were natural. The pulse varied from 110 to 125. The headache had now almost ceased, and the patient's mental condition had changed from restlessness and irritability to that quiet indifference which precedes the hebetude so common at the close of the first, and during the second week of typhoid fever.

On the seventh day, May 10, the mental dullness had slightly increased, but he still answered questions promptly. The temperature continued the same. There was no cutaneous eruption, and no catarrhal symptoms except the cough, which was frequent, dry, and not accompanied by any auscultatory signs of disease. The tongue was coated light brown on the centre, but was clean along the edges; the lips were dry and chapped; the throat natural; the pulse 128; and there was no subsultus tendinum. The abdomen was not distended, but there was very slight tenderness, and distinct gurgling upon pressure over the right iliac fossa. There was no rose-colored eruption on the abdomen nor chest. The bowels had not been moved for several days, owing probably to the use of pulv. Doveri to quiet the cough. The nausea and vomiting had disappeared, but anorexia was still present. Slight bleeding from the nose occurred several times since the last note. The general appearance of the patient was decidedly that belonging to typhoid fever, although there were some of the usual prominent symptoms of that disease absent.

8th day. The bowels were opened with a teaspoonful of castor oil, and the stools presented the ochre color characteristic of typhoid fever.

9th day. The temperature to-day was lower than any time during the sickness. In the axilla it was 98.8° this morning, and 100.4° F. in the evening. This sudden fall of the body heat, with the irregular course of the disease, as shown by the other symptoms, in a child of strumous diathesis, excited fears of the approach of meningeal disease, and led to the frequent use of the thermometer, which was intrusted to the mother, who is an intelligent and observant person. This suspicion was further strengthened by a frequent rolling of the head from side to side

by the patient, which was not before noticed, and by the very distinct presence of Trousseau's *tache cérébrale*, which Meigs and Pepper\* mention as one of the diagnostic symptoms of tubercular meningitis.

10th day. Temperature at 9:30 a. m., 99.2°; at 12 m., 103°; 4:30 p. m., 103.2°; 6 p. m., 102.2°. Other symptoms same.

11th day. Temperature, 8:30 a. m., 100.8°; 11:45 a. m., 103.7°; 4:15 p. m., 102.8°; 7 p. m., 102.1; 8 p. m., 102.8°. At this time the symptoms noted on the seventh day all continued. During the interval there was occasional slight epistaxis; the cough continued dry and frequent, without any physical signs of throat or lung disease, except a few mucous râles. There is still gurgling on pressure over the right iliac fossa, but no distension of the abdomen, and for the first time one rose-colored spot to be seen, which is located over the seat of the gurgling. The pulse is 128.

12th day. Temperature at 7:30 a. m., 100.2°; 2 p. m., 99.5°; 6 p. m., 104°; 9 p. m., 101.4°. This morning at 9:30 there was a typical measles eruption visible on the temples, behind the ears, in the throat, and on the soft palate, accompanied by a lachrymation and some running at the nose. The cough was worse, while the other symptoms were about the same as yesterday.

13th day. Temperature, 7:30 a. m., 102.6°; 11 a. m., 100.7°; 1 p. m., 102.8°; 4:30 p. m., 103.1°; 7:45 p. m., 104°. Measle eruption is very copious.

14th day. Temperature, 1 p. m., 99°.

17th day. The temperature has been the same as on the fourteenth day. The tongue is beginning to clean, and the patient is approaching convalescence. Since the last note of the bowels, they moved several times spontaneously, and the stools were ochre-colored. The patient's mind is clear to-day, but he is weak and still without appetite. The measles eruption began to disappear at the usual time and has nearly all gone.

The treatment was as follows: liquor ammoniæ acetatis,  $\mathfrak{zj}$ . and tinct. aconiti rad.,  $\text{gtt. } \frac{1}{2}$ , every two hours, followed by a drink of water. The face and upper part of the body were sponged with tepid water whenever the temperature approached 104° F. Dover's powder was given to quiet the cough and procure rest at night. After the end of the first week, cinchona gr.  $\mathfrak{ss}$  was given three times daily. As food, beef essence, milk, broths, soft-boiled rice, and bananas in small quantities were given.

On the 5th of May, two days after this child went to bed, the older one, Willie, who had just passed through measles, was taken with a distinctly intermittent fever, which on the third day became continuous, and was attended with about the same elevation of temperature as the other case. Anorexia, nausea, epistaxis, slight delirium and gurgling upon pressure over the right iliac fossa followed, and the same dry, and harassing cough noted in the other case was present through the whole course of the disease. There was no rose-colored eruption nor diarrhoea, but the stools were ochre-colored. The treatment was the same as in the other case, excepting that no cinchona was given. Convalescence occurred on the fourteenth day.

At the time of the illness of these children there was an epidemic of measles in this city, and the older one, who had taken sick first, went through a typical attack. There can therefore be no doubt about the presence of the measles contagium.

The presence of typhoid fever poison at the same time was indicated by the manifestation of the disease in the elder child a week after his recovery from the measles. The only symptoms wanting to make this a typical case of typhoid fever were diarrhoea, tympanitis, and the rose-colored eruption on the skin. But, as already intimated, the use of the Dover's powder to palliate the cough may have averted the diarrhoea and tympanitis, which are usually associated in presence and intensity; and, furthermore, both are often absent in otherwise well-marked cases. Stokes mentions a case in which the disease ran a course of forty-three days, of which he says: "At no stage of the disease was there any swelling of the belly or tenderness there. There was no throbbing of the abdominal aorta, no rigidity of the recti muscles, no diarrhoea; the evacuations were all through healthy in character. In fact, in so far as the belly was concerned, not a single symptom could be detected from beginning to end. Not only was there a complete absence of any direct symptoms of intestinal disease in this perfectly marked case of typhoid, but also the patient took his food well, and it seemed perfectly to agree with him. On dissection, the lower third of the ileum showed a sheet of suppurating ulcers, with extensive destruction of the mucous membrane."

There are many other cases reported in which these symptoms were absent, but this one covers the point so fully and is given by so excellent an observer that no others need

be cited. The absence of the rose-colored eruption and the intermittent character of the fever in the beginning of the disease are so frequent in children as not to require any special remarks.

If this second case of typhoid had not occurred, the first might have been mistaken for one of those irregular cases of measles in which the eruption appears late. Trousseau says the eruption may appear as late as the eighth day; Flint, the seventh or later; and Watson and Wood, as late as the tenth. In my experience it has not appeared later than the seventh day in the uncomplicated disease, and so late in one case only, that of an adult female. In this child the eruption appeared on the twelfth day of the disease. The fever which preceded it approached the character of typhoid more than measles. Epistaxis, headache, nausea and vomiting, and cough, may all be present in either measles or typhoid alone, but ochre-colored stool belongs only to the history of the latter. The general appearance of the patient, mental and physical, is also of diagnostic value in differentiating the two diseases; and the picture presented by this case before the eruption of measles was certainly that of typhoid fever.

In the light of recent investigations in the domain of disease germs, these cases might be made the subject of speculations as to the actions and reactions of different kinds of morbid matter simultaneously present in the human body; and with the advancement of our knowledge the record of them may, perhaps, serve a more practical purpose.

#### SOME SUGGESTIONS AS TO THE CARE OF THE INSANE PRIOR TO THEIR ADMISSION TO AN ASYLUM.

BY H. A. HUTCHINSON, M. D.,

Superintendent Western Pennsylvania Hospital for the Insane, Diksmont, Pa.

The care of the insane previous to their removal to an asylum is a responsibility demanding the wisest judgment and thought of those whose duty it is to be thus engaged.

In some of its forms, no disease is more amenable to treatment in its acute or early stages, and no fact than this is more widely recognized by alienists, and more earnestly advocated.

As the superintendent of one of our large State Hospitals for the Insane, I have had ample opportunity to observe the methods often employed in caring for this afflicted

class, and from these observations I am inclined to believe the reason a larger percentage of cures is not obtained in hospitals consists in the oftentimes indifferent treatment patients receive before their admission.

In many families there exists a prejudice in committing patients to an hospital, and to commit one of their afflicted members to an institution of this character is regarded as a disgrace both to the family and to the patient. A short time since, a patient was brought to this hospital, and the mother upon giving me the history of her daughter's case, remarked, "I have prayed heaven to spare me this greatest of all afflictions, the disgrace of having a child a lunatic and confined in an asylum."

As a result of this prejudice many insane are treated at home by their friends and family physician, the objectionable lunatic asylum, with its every facility for the care of just such cases, remaining an insurmountable barrier to the patient's rapidly departing chances of recovery.

When these endeavors have signally failed to restore the patient to reason, and the unfortunate being has become incurable and broken down in bodily health, he is taken to the hospital, and the friends accompanying him entreat the asylum physician to care for him kindly, and are surprised if an unfavorable prognosis be given.

Many who have no friends to care for them, or in whom the insanity is of a dangerous type and unsafe to be cared for at home, are arrested and placed in jail, their period of residence varying, sometimes but a few days or extending for several weeks, until the Court decides as to their insanity, and they are then committed to an asylum. It is at this very time, upon the first manifestations of the disease, the Court should at once direct their admission to a hospital; for their residence in jail where no means exist for their proper treatment, and as is often the case there are provided the barest necessities of life, is the time when judicious medical treatment and the care and comforts of a well appointed institution would effect their restoration.

Female patients have frequently complained to me of the disregard of the proprieties of life during their confinement in jail. No jail should be without a matron, whose duty should be to care for the female inmates.

Of forty-five patients committed to this hospital by order of the Courts of the thirteen counties comprising this asylum district, sixteen were committed directly from the

jails, and of this number but three recovered, though a large proportion were acute cases.

A no less important factor in the care of the insane is the time and manner of their removal thereto. The larger number of patients when admitted to our hospitals are in poor bodily health, and there can be no doubt the condition of many is made worse by the fatigue and exposure incident to the journey.

In acute cases the exhaustion following is often fatal. In this hospital fifty-nine deaths occurred during the past year; eight died whose period of residence was but twelve days, and two were in a dying condition at the time of their admission, and died within seventy-two hours after. One of these patients, suffering from acute melancholia, was in a state of collapse when admitted; the other, who had typhoid fever, was beyond the aid of all human skill when brought to the door.

Female patients should always be accompanied by some female friend, in whom the patient has confidence, and to whom she can make known her wants and necessities; the total disregard of these proprieties, as shown so frequently in female patients brought to asylums in the custody of men and who are perhaps strangers, is often attended with great mental excitement, prolonging the insanity, and operating largely against possible recovery.

All superintendents will agree with me. I think, in regard to the difficulty in obtaining a history of patients admitted to their hospitals, so often the friends hesitate or dislike to state the particulars of the patient's trouble, thereby embarrassing the physician in his future treatment of the case, and also acting as a hindrance to the patient's recovery.

This hesitancy on the part of friends of patients is universal, as the records of this Institution prove. In preparing this paper I have referred only to the prominent defects in the present methods of providing for this class of humanity; but I feel assured "until the present laws controlling the admission of patients are amended, making provision for the overcoming of these evils, the mortality in the State Hospitals will be necessarily large, and the number of cures materially lessened."

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—Japan has been mapped out into six divisions, and a medical college is to be established in each division.



## MEDICAL SOCIETIES.

## CHICAGO MEDICAL SOCIETY.

*(Concluded from page 622.)*

The President asked if it was not possible that some portion of the upper wall of the vagina was drawn upwards and backwards by the bladder, and what was taken to be a continuous wall of the bladder might be a part of the vagina. He had seen a case where there was a large laceration into the bladder, and the opening seemed one cavity with continuous walls, but the flap thrown backwards was post-vaginal, and it was found that this flap could be drawn up and into its position.

Dr. E. C. Dudley, in answer to questions, said that the loss of tissue at the base of the bladder from sloughing differs from that by incision. In the latter case the ureters would perhaps be included in the excised tissue, but it is seldom that a slough of the base of the bladder in vesico-vaginal fistula, however extensive, destroys the connection between the bladder and kidneys. Even if the points through which the ureters penetrate the mucous coat of the bladder be lost, it is yet possible their openings into the bladder may be preserved, because the ureters penetrate the muscular coats nearly an inch from their normal points of opening through the mucous coats of the bladder, and run obliquely between the two coats for a distance of nearly an inch. In this case, as in many cases of loss of entire base of bladder reported by Emmet, the openings of the ureter were on either side, at the very margins of the fistulous opening. The operation was performed at Morton, Ill., in the presence of Dr. Harris, of that place, and Dr. Mansfield, of Metamora. Dr. Parkes's surmises with reference to the vaginal wall could hardly be correct, because this, together with the anterior wall of the cervix uteri up to the internal os, had sloughed away. His surmise might be correct with reference to certain tissues between the bladder and the cervix uteri which might have retracted and become adherent by inflammation, so as actually to form a portion of the bladder wall. Moreover, there is always a very decided difference in color and appearance between vaginal and bladder tissue, and the tissue in this case was to all appearance like the tissue of the rest of the bladder, and to the touch gave the sensation of a thin wall. Dr. Baker, of Boston, reports a case similar to this in that he introduced sutures into the bladder tissue,

but so close to the cervix uteri as not to draw down any portion of the interior of the bladder, to be used as material in place of the lost vaginal wall.

Dr. W. L. Axford reported

**A Case of Removal of the Entire Lower Jaw through the Mouth.**

Harry T., aged 5. Admitted to St. Joseph's Orphan Asylum in November, 1885. It was noticed that his mouth was frequently swollen and sore. Child very much emaciated. In January, 1886, he had measles. Tedious convalescence followed. Came under observation about February 1. Weak and thin. Lower part of face very much swollen. Breath offensive. Symphysis of jaw bare. Could not examine further at this time. Pulse 120 to 130. Put the child on supporting treatment, hoping to get him in condition for an operation. No improvement at the end of two weeks. February 16 the patient was anesthetized and the mouth explored. Found the jaw on either side stripped of its periosteum back to the masseters. Determined to attempt removal through the mouth. Any cutting operation involving the loss of much blood would have been fatal at once. Divided the jaw on either side of the symphysis with bone pliers, and thus removed a large portion of the body. Seizing the remaining pieces with sequester forceps and making moderate traction, they were easily enucleated by the index finger of the left hand. Not more than a tablespoonful of blood was lost. Patient rallied well. Some reaction on second day. On third day the pulse had dropped to 116, and with exception of a swollen parotid on the left side, the child was in better condition than before the operation; so much so that a recovery was confidently predicted. A severe attack of diarrhoea occurring on the morning of the fourth day was followed by death in thirty-six hours.

Dr. Arnold P. Gilmore exhibited a patient on whom he had performed an operation for

**Symblepharon of the Lower Lid,**

due to a burn by molten iron, and in which three plastic operations had been unsuccessfully performed. Nine months previously the entire lower lid, from external to internal canthus, was adherent to the eyeball, covering almost the entire cornea. This triangular-shaped tissue was covered by a pale membrane of cicatricial tissue. The operator first detached the lower lid and transplanted the conjunctiva of a rabbit. For six weeks the operation was apparently suc-

cessful, but after an absence of two months from the city he found the lid was again becoming adherent. Six weeks previously Dr. Gilmore made a thorough dissection, freeing the lid and making a deep cul-de-sac, leaving the upper half of the eyeball covered by mucous membrane and the lower half bare. A semicircular band of conjunctiva, one-third inch wide, was dissected close to the cornea above, leaving a bridge of tissue at each end. This band was dropped into the cul-de-sac below and carefully stitched to the ball. A semicircular plate of silver long enough to fill the space between the external and internal canthi, with two holes at the circumference, one-half inch apart, threaded with silver wire, was dropped into the cul-de-sac to prevent adhesions, and fastened by bringing the wires through upon the face and fastening them by small lead plates and perforated shot. For this operation Dr. Gilmore claimed priority. The object of the operation was neither to improve the appearance of the eye nor to restore vision, but to relieve the irritation of the other eye, by allowing coördinate movements of the two eyes. There was enough clear cornea left to make an artificial pupil in case the patient ever lost his well eye. There was little reaction, and at no time much pus, while the well eye has grown stronger in spite of the presence of the plate.

Dr. Tilley thanked Dr. Gilmore for showing this case, but thought that if the Doctor were to go out of town again for two months as in the first instance, he would find at the expiration of that time the conditions relatively very much the same as on his return after the first operation. He thought there was little fundamental advantage likely to be associated with the operation, as he thought that in a short time the wire and plate would cause a certain amount of atrophy of the intervening tissue, and the plate be forced up and out of position, making the operation of no avail. If he was so unfortunate personally as to be placed in a similar position, he would have his eye enucleated.

Dr. E. L. Holmes thought it unwise to say that a certain thing could not possibly be accomplished, but he had been through the experience of putting in plates, and seeing it done, and never saw one permanently successful. It is different with a very narrow symblepharon in which the globe and eyelid are grown together, where by dissection and transplanting the mucous membrane excellent results may be attained. He thought the plate would irritate the cicatricial tissue

and cause it to be very much thickened, and after a few months, or weeks even, when everything is removed, there will be the same tendency to creep over the cornea and make adhesions with a broad union. He thought it absolutely impossible to get an artificial eye to fit. A very small eye might be used and temporarily make it appear that the patient was better off, but that small eye will often irritate and cause the cicatrix to increase.

The president thought this case one of the same category that is so troublesome to the general surgeon, the improvement of deformities from cicatrices of all kinds, in which relief comes only in the way that Dr. Dudley has applied in gynecology, after the divided cicatrix has been separated as widely as possible, by drawing together the healthy skin or tissue between the two ends of the divided cicatrix. This method has long been in use in general surgery. So far as his experience went, the application of any foreign body between these divided surfaces has never been followed by success, so far as prevention of contraction goes.

The president presented an

#### **Encapsulated Sarcoma of the Thigh.**

It had been in alcohol for some time, and was reduced about one-third in size. It had grown the full extent shown in three months, and was removed from an old lady aged 69. It was found growing upon the posterior part of the upper portion of the thigh; was a firm, smooth tumor to the touch, and as far as external manipulations determined, could not be distinguished positively from other parts of the surrounding tissues. He could not determine whether it was or not attached to the bone, but from external appearances it was diagnosed to be of a malignant type. The external surface was crossed by a large number of varicose veins. After removal it was shown to be a sarcoma. The interesting point was the rapidity of its growth. He thought it a singular coincidence that about a year previous he had removed a similar tumor from the upper portion of the left arm of an old man of 72 years, which had also grown to the full size in three months. Upon exposing the tumor a perfect capsule was reached, and it was easily enucleated from its bed.

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#### **BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.**

Regular meeting held February 9, 1886.  
The President, George W. Miltenberger,

M. D., in the chair. William E. Moseley, M. D., Secretary.

Dr. A. F. Erich read the following paper:

**Diagnosis of Fibro-Cystic Tumor of the Uterus—Laparotomy and Supra-Vaginal Amputation of Uterus.**

Mrs. A. McN., American, aged forty years, widow, entered the Maryland Woman's Hospital December 15, 1885. Married when nineteen years old; she has had no children nor abortions. She menstruated first when thirteen years old, generally every four weeks, sometimes the interval being but three weeks. Amount usually small, and the duration four to five days. She is very anæmic. Five years ago she first noticed a hard tumor the size of a hen's egg in the lower portion of her abdomen; it grew rapidly during the first two years and a half; since then, more slowly. It varied in size, and had lately become somewhat smaller. Has had bloody discharges from her vagina, lasting six weeks, and has at times gone as many weeks without any discharge. Has frequently suffered from pains resembling labor. Her health has been gradually growing worse ever since she first noticed the tumor. Has also been subject to attacks of nausea, vomiting, and diarrhoea. Physical examination revealed a tumor the shape of an enlarged uterus, extending from the pubes to a little above the umbilicus, movable and continuous with the cervix uteri. The depth of the uterus, as measured with the probe, was five inches. Temperature, pulse, and respiration normal. The consistency of the tumor seeming rather softer than that of a fibroma, the aspirator needle was introduced and about a fluid drachm of a colorless, serum-like fluid was obtained, which, upon microscopical examination (by Dr. Keirle) did not furnish any characteristic appearances that were calculated to assist in the diagnosis. The aspiration was not followed by any unpleasant effects. The diagnosis arrived at was interstitial fibro-cystic tumor of the uterus, adopting the definition as given as in Prof. Th. Billroth's "*Handbuch der Frauenkrankheiten*," band i, abchnitt iii, seite 102, according to which all fibroid tumors that contain collections of fluid within their stroma are fibro-cystic tumors. These include lymphangioma, myoma-telangiectodes s. caremosum (Virchow\*), and myxomyoma, of which latter Gusserow says (page 103 of Billroth's work above quoted) that microscopically it would be difficult to distinguish this form

from sarcoma. The great danger of supra-vaginal amputation of the uterus (the only radical cure of the case) being fully stated to the patient, she elected to take the risk, rather than to continue to lead the life she had been leading. The patient being extremely anæmic, the palpebral conjunctiva being perfectly white, she was put upon a preparatory treatment consisting principally of good food, iron, and quinia, until after the expiration of six weeks she seemed to be strong enough to make a successful operation possible. The operation was done February first, under all the usual antiseptic precautions, and occupied three hours. The abdominal incision made in the linea alba, extending from an inch and a half above the pubes to the umbilicus, had to be extended to a little over an inch above the umbilicus before the enlarged uterus could be rolled out. Both ovaries, considerably enlarged, rolled out with it. Finding the diagnosis verified and no adhesions present, an Es-march gum tube of the thickness of a little finger was tied firmly around the cervix as low down as practicable, including a considerable portion of the broad ligaments.

The greater portion of the uterus was then removed, taking care to leave enough of the cervix to prevent the gum tube from slipping. The broad ligaments were next secured by ligatures before they had time to slip from under the gum tube, which they are apt to do. As much of the cervix as could be safely removed was then trimmed out in the shape of a funnel with thin edges. These edges were brought together antero-posteriorly, by first a row of deep sutures to prevent bleeding, and second, a row of superficial sutures, to bring the edges of the peritoneum in good apposition. Being unwilling to trust a mass ligature around so thick and rigid a stump as the remnant of the cervix presented, much time was spent in arresting hemorrhage from the stump by the introduction of deep sutures. The rubber tube had to be loosened and tightened many times before all the bleeding points had been thus secured. The blood lost during the whole operation could not, however, have amounted to more than a few ounces. The vagina was then carefully washed out with the bichloride of mercury solution, an opening made at the lowest point in Douglas' cul-de-sac, and a rubber drainage-tube provided with a cross-bar, to prevent it from slipping out, and long enough to reach from this space to the vulva, inserted. The vagina was filled with salicylated cotton, and the external opening of the drainage-tube covered

\* *Geschwulstlehre* iii., p. 124.

with the same material in order to exclude the air. The abdominal incision was closed in the now usual manner, deep and superficial silk sutures, and dressed antiseptically. Fully realizing the gravity of the operation, only such assistants as were absolutely necessary were admitted to the operating-room, in order to make the risk from infection as small as possible. Prof. Rohe administered the ether, and Dr. Clair, the resident physician, the three house students, Messrs. Lindley, Wise, and Robertson, with the matron, Mrs. Warner, all dressed in freshly-washed linen, were all that were permitted to be present. The subjoined pulse and temperature chart furnishes the subsequent history in a condensed form.

Dr. Keirle's report of the necropsy gives as the cause of death cardiac asthenia and thrombosis, and says that the heart was so flabby as to flatten out of shape when laid upon the table. His report also shows that there was no secondary hemorrhage, that the drainage had been efficient, and that septicaemia had been prevented, as shown by the absence of decomposing fluid in the abdominal cavity, the temperature and pulse changes, and the fact that a firm clot of blood was found in the heart and pulmonary vessels, while after death from septicaemia, the blood is generally found of the consistency of tar. The manner of operating was that described by A. Martin in his "*Pathologie und Therapie der Frauenkrankheiten*," with such slight modifications as personal experience suggested, or were made necessary by the conditions under which the operation was done. Martin places a ligature around the cervical stump, to which, with my experience with a catgut tourniquet in cervix operations, I felt I had no right to trust the life of a patient. As I was not able to secure a drainage-tube provided with a cross-bar as he describes, I was compelled to extemporize one by cutting a hole through a gum tube near its end, and then forming a cross-bar by splitting a small piece of the same tube, and passing one of these pieces through the holes formed at the upper end of the drainage-tube. This piece, turned with its concave surface downwards, gave an opening on each side of the tube immediately under the cross-bar. The opening in Douglas's cul-de-sac, for the passage of the tube, was made by pushing the point of a uterine dressing forceps, with a boring motion, through the peritoneo-vaginal septum, from the vagina into Douglas's space, the fingers of the left hand being used to make counter pressure. This instrument being so

very blunt, the opening was made without the loss of blood. The lower end of the tube was now seized between the blades of the forceps and drawn down until its cross-bar rested upon the floor of the space. The necessity of the tube was made manifest by an almost constant dribbling of bloody serum during the first twenty-four hours. The tube was removed on the morning of the fourth day. In reference to the condition of the abdominal cavity, Dr. Keirle reports, "there was no attempt at union of the abdominal incision, the lower half of which is discolored. The stump of uterus is observed united by sutures and lymph. Injection with two-ounce glass syringe, nozzle introduced through cervical canal, does not, until after fourth trial, spirt in three fine jets through incision." Around the opening made for the drainage-tube he found "a layer of lymph (fibrin), of irregular superficialities, which extends thence on the pelvic peritoneum 2 cm. area. Fibrin also agglutinates some coils of small intestines to uterine stump. This is a limited pelvic peritonitis. No further inflammation exists in the abdominal cavity, in which the other organs and structures are normal." The tumor was imbedded in the anterior wall and fundus of the uterus; the thickness of the anterior wall being six inches, that of the posterior only three-quarters of an inch. Weight of the whole uterus and tumor three pounds and eight ounces. Upon section the tumor presented a pink-colored transparent tissue, seemingly consisting of a delicate network of fibres and capillary vessels separated by transparent fluid, looking very much like a section through connective tissue in oedema, and corresponding very nearly to a description of myxomyoma as given by Virchow.

Dr. N. G. Kierle, the pathologist to the hospital, states: "Its microscopic histology is that of the medium-sized spindle-cell sarcoma."

First day—6:30 p. m., temperature 96°, pulse 120; 9:30 p. m., temperature 98°, pulse 108.

Second day—10:00 a. m., temperature 101°, pulse 110; 4:00 p. m., temperature 100°, pulse 114; 10:00 p. m., temperature 101.6°, pulse 130.

Third day—10:00 a. m., temperature 102.2°, pulse 120; 4:00 p. m., temperature 100.8°, pulse 130; 10:00 p. m., temperature 101°, pulse 114.

Fourth day—10:00 a. m., temperature 103°, pulse 120; 12:30 p. m., temperature

\* The microscopical examination was made after the case was reported.



104°, pulse 150; 2:30 p. m., temperature 104.8°, pulse imperceptible; 3:13 p. m., death.

Dr. W. P. Chunn asked Dr. Erich the character of the fluid withdrawn by aspiration; did it coagulate on exposure to air? He had always considered that if the fluid coagulated, it was a proof of fibro-cystic tumor, as the rule, to which he knew there were exceptions, was that fibro-cystic fluid was blood minus its corpuscles, and would coagulate when exposed to the air.

Dr. Erich answered that, as the amount of fluid obtained was very small, and as it was wanted for microscopical examination, he did not test its coagulability. As he said in his paper, the microscopical examination threw no special light on the diagnosis.

Dr. T. A. Ashley said that Dr. Erich had stated that he had used thorough antiseptic precautions in this operation. He would like to ask the doctor what antiseptic method he had employed.

Dr. Erich replied that the ceiling, walls, and floor of the patient's room were swept and washed and then sprayed with a carbolic acid solution. Only those required as assistants were permitted to be present, and all were dressed in freshly-washed linen, their finger-nails cut, and hands thoroughly cleaned. Carbolic acid solution was used for instruments, and a 1 to 2000 solution of bichloride of mercury for sponges, etc. The dressings for abdominal wound and vagina were described in the paper.

Dr. Ashley said that the object of his question was to elicit some discussion on the use of antiseptics in abdominal surgery. As is well known, opinions differ very widely among European abdominal surgeons in respect to the use of antiseptic agents within the abdominal cavity. While thorough Listerian principles, including the use of the spray, are enjoyed by a surgeon of Mr. Thornton's acknowledged ability and experience, all antiseptic agents are discarded by so successful an operator as Mr. Lawson Tait. One fact is clear amid all the confusion respecting the details of antisepticians, and that is the great value of absolute cleanliness, which is the essence of Mr. Lister's teachings. Modern statistics show the great value of these principles in abdominal surgery, and he would be indeed a bold operator who failed to apply these principles, modified only as to details.

Dr. Chunn questioned the advisability of introducing a drainage tube in those cases where there were no adhesions, and consequently no blood or fluid of any kind left in the peritoneal cavity. This opinion he based

upon the teachings of Mr. Keith. He considered that if any fluid did collect in Douglas' space, it could be easily detected and gotten rid of. He was of the opinion that a woman of forty with a growth like that shown could be tided over until after the menopause, which could not have been many years distant in the case reported.

Dr. H. P. C. Wilson questioned the report that some distinguished operators entirely ignored antiseptics. Some, he was aware, did not use the spray, but he was under the impression that they were careful to see that all sponges, instruments, and appliances that had been used in one operation were rendered thoroughly antiseptic before being used in another. Several acids, bichloride of mercury, and other agents, were antiseptic, and if any of them were used to guard against septicæmia, those employing them could not be said to be opposed to antiseptics in abdominal surgery. As far as he personally was concerned, he still had great faith in antiseptics, especially in hospital practice, and he favored the use of the spray in such cases, having it stopped only just before beginning the operation. He never could understand why we should be so careful in disinfecting sponges, and not use as great precaution to render antiseptic the air around hospital operations. In one case he did a laparotomy upon a patient at the same time that there was a case of erysipelas in the next room, and the result was uninterrupted recovery. At another time he removed an ovarian tumor from a woman who occupied the same room and bedstead that had been vacated only ten days before by a patient having a sloughing fibroid, from which the stench was so great that it was nauseating to enter her room, and rendered the air of the whole floor offensive. In this room the carbolic spray was used liberally for several hours before the operation, and especially under, around, and in the bed. In some cases he washes out the abdominal cavity with bichloride solution before closing the incision.

Dr. Ashley said he had not had any opportunity of seeing Mr. Tait operate, and so was not personally familiar with his methods, but Mr. Tait had published the fact that he had no faith in the so-called antiseptic agents, and believed they did more harm than good. At one time he (Mr. Tait) had practiced the Listerian ideas in all their details, but they disappointed him, and he gave them up. He took water from the tap and put it into the basin for the sponges, over the instruments and into the abdomen, but he practiced the most rigid enforcement of cleanliness. Dr.

Ashley had recently, through the courtesy of Dr. Chambers, the resident physician, had an opportunity to examine Dr. T. G. Thomas's private hospital from cellar to garret. Every idea that prevails in its construction and management has reference to purity of air, scrupulous cleanliness, and absolute comfort. But, with every modern convenience for ventilating, heating, and lighting, Dr. Thomas still employed a thorough system of antiseptics, and in every detail of his operative work reference is had to disinfection and absolute cleanliness. Dr. Ashby expressed the opinion that, in our country at least, omission of antiseptic precautions in abdominal surgery would mean an increased death rate, and that no surgeon could, in justice to his patient or to his own reputation, afford to hazard an operation within the abdominal cavity without using those methods of antisepticism that are expressed in the Listerian idea.

Dr. A. asked permission to relate the following case, which he considered of interest in connection with the case reported by Dr. Erich. The patient was a negro woman, age 31, and had been married between nine and ten years. Her youngest child was about 8 years old. For four or five years past she has lost considerable blood during menstruation, and has noticed an enlargement of the abdomen, but attributed the latter to taking on flesh. For several months past menstruation has been very profuse, generally lasting about eight days. During the inter-menstrual period she has a discharge from the vagina of a clear watery fluid, and ranging in amount from a teacupful to a pint in twenty-four hours. The discharge of fluid is spasmodic in character, deluging her clothing. Her general health is at about par. Physical examination reveals a globular tumor about the size of a uterus at the fifth month of pregnancy. The tumor has thick, dense walls, and is largest at its upper part. The cervix uteri is normal in size, and full. The sound enters the uterus  $5\frac{1}{2}$  inches, is grasped tightly by the lower segment, but rotates freely in the cavity near the fundus. Dr. A.'s diagnosis is a fibroid of the uterus undergoing cystic degeneration. The indications for treatment are palliative, as in the present condition of the patient no operative procedure would be justifiable. The case is of interest from the fact that the woman's health remains so good, and that the cyst should have opened into the uterine cavity and allowed its contents to discharge as described.

Dr. W. E. Moseley thought one great

source of misunderstanding in regard to antisepticism came from the inclination people showed to limit disinfectants to the so-called antiseptic solutions and powders. Those surgeons who decry most loudly the use of antiseptic precautions are very careful to expose their sponges, etc., to a high degree of heat before using, and thereby make use of the most powerful means of rendering them aseptic. Live or free dry steam is found to be the most effective agent in disinfecting on a large scale. The numerous antiseptic preparations have their places, but many of them are almost or quite useless, unless used in very concentrated form, and others are poisonous or irritating, and caution must be exercised in their application.

Dr. Erich said that in institutions having arrangements for disinfection by heat much could be done by that means, but in our own hospitals he thought it necessary to have recourse to antiseptic fluids.

If any question arose as to the diagnosis of the case reported, he would refer those present to Billroth's work mentioned in his paper, and ask a comparison of the specimen with the description found there. He thought many cases were diagnosticated fibro-cysts which were not really such, as, for instance, one operated upon by himself, which proved to be an old abscess of a broad ligament. The rule laid down by authorities is that fibro-cysts contain either blood, serum, or lymph, and that the diagnostic value of coagulability of the fluid contents depended entirely upon the character of cystic degeneration. In the seventy cases of fibro-cystic tumors collected by O. Hear, only eleven contained fluid coagulating spontaneously.

Regarding the question, whether the removal of a growth, the size of that shown, was a justifiable procedure or not, he thought the social position of the patient had much to do. He considered that a rich woman would have been able to endure the growth for a considerable time, even until the menopause, as she could place herself among the best surroundings and have proper care; but, in the case in hand, the woman was poor and obliged to earn her own living, which the growth prevented her from doing. He had represented fully to his patient all the dangers attending the operation, and she had insisted upon undergoing it. In such cases he thought we had no right to refuse to operate.

He considered the detection of a small amount of fluid in Douglas' cul-de-sac, unless

encapsulated, an impossibility, as free fluid would recede upon the slightest pressure from without. The peculiar form of drainage he had adopted was that recommended by Martin of Berlin, and had been used by him in several cases with the best results.

Dr. P. C. Williams asked for an explanation of the fact that, in a woman dying of asthenia, there should be a temperature of 96° F. immediately after the operation, and that it should rise each day until it reached 104.8° F. on the day of her death. Would not such a range of temperature indicate some inflammatory or septic complication?

Dr. Erich replied that he considered it an advantage to have a slight rise of temperature after an operation, as he thought it indicated a greater amount of vitality in the patient than if it had a tendency to remain sub-normal. That with the closure of the peritoneal edges by the exudation of lymph, there must be some local peritonitis.

Drs. Ashley and H. P. C. Wilson emphasized the importance of taking the patient's social position into account in considering the advisability of any operative procedure, and agreed with Dr. Erich in his conclusions.

Dr. Robert T. Wilson exhibited some surgical needles, the invention of David Genese, D. D. S., of this city. Dr. Genese calls his needles "Iridinized Platina Needles." They are made with a platinized gold head, hardened under hydraulic pressure. Needles can be made by this process of any shape or size, and they are said to be indestructible under the pressure of forceps or the action of acids, but can be bent to any desirable curve.

Dr. Moseley thought that, judging from the needles shown, they would be useless in any operation where much force would be required for their introduction. Strong steel needles will often bend and sometimes break in the hands of skillful operators, and in such cases a needle which can be bent as easily as the samples would be of absolutely no value. They might be of use in a limited class of cases where their introduction would require but little force.

Dr. Erich said that the danger of the steel needle breaking at the eye could be obviated by heating it at that end and allowing it to cool slowly. This would not interfere much with the temper of the needle at its point.

In his operations for lacerated cervix he uses a tourniquet, and supposes he is a marked exception to the rule in so doing. The instrument he uses is his own device, is like a light *ecraseur* with catgut for a chain. His special reason for using it, aside from preventing hemorrhage, is that it so benumbs

the cervix that he does not need to use any other means of producing anaesthesia, except in the case of very nervous women, when he has recourse to ether or chloroform. The use of this instrument demonstrated to him the fact that, after the parts had been ligated for some time, they would shrink, allowing the bleeding to return and requiring the tightening of the tourniquet, and had thus taught him not to depend upon a ligature in supra-vaginal amputation of the uterus.

Dr. B. B. Browne said that in many cases of deep laceration of the cervix, extending up to and beyond the vaginal junction, he thought it would be difficult if not impracticable to apply the tourniquet above the seat of laceration. We asked Dr. Erich how, in such cases, he prevented cutting the ligature of the tourniquet while removing the cicatricial tissue from the angles.

Dr. Ashley stated that he continued to employ the tourniquet in a certain number of cases. He had found it useful in those cases where the cervix uteri was much elongated and where there was hyperplasia and congestion of the cervical flaps. He could verify the assertion made by Dr. Erich as to the necessity of constantly tightening the loop of the tourniquet in consequence of a shrinkage of the tissues. He had never employed catgut as a loop, but used very flexible wire.

Dr. H. P. C. Wilson could not see how, in those cases in which the laceration extended up to the vaginal junction, it would be possible to apply the tourniquet so as to clean out the angles without cutting the catgut cord. He thought that in certain special cases the instrument might be of use.

Dr. Erich replied, that where the uterus was easily movable, by drawing the cervix well down, the tourniquet could be applied above the angles of the deep laceration, even above the internal os. That the only cases in which he had difficulty, were those in which there was a very short and conical cervix, or the uterus was fixed, so that it could not be drawn down far enough.

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—The adulteration of lupulin with sand is largely practiced in England, according to J. S. Ward. In a paper read before the Liverpool Chemists' Association, he reports that the results of analysis of four samples obtained from houses of good repute justifies the belief that the lupulin of commerce will not answer the official tests. The percentages not soluble in ether were 55.24, 41.49, 40.64, and 39.41 respectively, and of ash 27.01, 29.10, 30.86, and 31.42 respectively.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Disinfectants.

The following disinfectants were recommended by the Committee of the American Public Health Association in their report submitted to the Association at the meeting held in Washington, in December, 1885:

## FOR EXCRETA.

(a) In the sick-room:

For spore-containing material;

1. Chloride of lime in solution, four per cent.

2. Mercuric chloride in solution, 1:500.†

In the absence of spores:

3. Carbolic acid in solution, five per cent.

4. Sulphate of copper in solution, five per cent.

5. Chloride of zinc in solution, ten per cent.

(b) In privy vaults:

Mercuric chloride in solution 1:500.\*

(c) For the disinfection and deodorization of the surface of masses of organic material in privy vaults, etc.:

Chloride of lime in powders.‡

## FOR CLOTHING, BEDDING, ETC.

(a) Soiled underclothing, bed-linen, etc.:

1. Destruction by fire, if of little value.

2. Boiling for at least half hour.

3. Immersion in a 2 per cent. solution of mercuric chloride of the strength of 1:2000 for four hours.\*

4. Immersion in a 2 per cent. solution of carbolic acid for four hours.

(b) Outer garments of wool or silk, and similar articles, which would be injured by immersion in boiling water or in a disinfecting solution:

1. Exposure to dry heat at a temperature of 110° C. (230° Fahr.) for two hours.

\*The addition of an equal quantity of potassium permanganate as a deodorant, and to give color to the solution, is to be recommended. (Standard Solution No. 2.)

†A concentrated solution containing four ounces of mercuric chloride and one pound of cupric sulphate to the gallon of water is recommended as a standard solution. Eight ounces of this solution to the gallon of water will give a dilute solution for the disinfection of excreta, containing about 1:500 of mercuric chloride and 1:125 of cupric sulphate.

‡For this purpose the chloride of lime may be diluted with plaster-of-Paris, or with clean, well-dried sand, in the proportion of one part to nine.

§The blue solution containing sulphate of copper, diluted by adding two ounces of the concentrated solution to a gallon of water, may be used for this purpose.

2. Fumigation with sulphurous acid gas for at least twelve hours, the clothing being freely exposed, and the gas present in the disinfection chamber in the proportion of four volumes per cent.

(c) Mattresses and blankets soiled by the discharges of the sick:

1. Destruction by fire.

2. Exposure to super-heated steam—25 pounds pressure—for one hour. (Mattresses to have the cover removed or freely opened.)

3. Immersion in boiling water for one hour.

4. Immersion in the blue solution (mercuric chloride and sulphate of copper) two fluid ounces to the gallon of water.

## FURNITURE AND ARTICLES OF WOOD, LEATHER, AND PORCELAIN.\*

Washing, several times repeated, with:

1. Solution of mercuric chloride 1:1000. (The blue solution, four ounces to the gallon of water, may be used.)

2. Solution of chloride of lime, one per cent.

3. Solution of carbolic acid, two per cent.

## FOR THE PERSON.

The hands and general surface of the body of attendants of the sick, and of convalescents at the time of their discharge:

1. Solution of chlorinated soda diluted with nine parts of water (1:10).

2. Carbolic acid, two per cent. solution.

3. Mercuric chloride, 1:1000; recommended only for hands, or for washing away infectious material from a limited area, not as a bath for the entire surface of the body.

## FOR THE DEAD.

Envelop the body in a sheet thoroughly saturated with:

1. Chloride of lime in solution, four per cent.

2. Mercuric chloride in solution, 1:500.

3. Carbolic acid in solution, five per cent.

## Diphtheria not a Sewer-Gas Disease.

The *Med. Record* says that Dr. Erwin F. Smith, in an elaborate paper on the "Influence of Sewerage and Water-supply on the Death-rate in Cities" (Report of Michigan State Board of Health, 1885), claims to establish the three following propositions:

1. Typhoid fever and cholera decrease in proportion as a city is well sewered.

\*For articles of metal, use Solution No. 3.



2. There is no direct relation between diphtheria and sewers.

3. The general death-rate falls after the sewerage of a city, and other things being equal, never again reaches the maximum of its ante-sewered condition.

4. The cost of sanitation is incomparably less than that in sickness and death resulting from neglect of sanitation.

Dr. Smith's statements with regard to diphtheria and sewerage are:

"1. Diphtheria is as frequent in the country as in the city, *i. e.*, in non-sewered as in sewered districts.

"2. Diphtheria has been more frequent and fatal in certain rural districts than in any city whatsoever.

"3. Diphtheria is not more frequent or fatal in sewered cities than in unsewered ones.

"4. Of the given cities, equally well- or ill-sewered, diphtheria, during a long series of years, may be widely prevalent in the one and rare in the other.

"5. Certain sewered cities have never suffered seriously from diphtheria, while others have been afflicted very much worse in recent years (*i. e.*, since the houses have been protected from sewer-air), than formerly, when with the same sewers, but much less perfect plumbing, flushing, and ventilation, the sewer air found its way into a majority of the houses.

"6. When an epidemic of diphtheria appears in a city, the sewered and unsewered portions generally suffer alike.

"7. No relation of interdependence can be traced between diphtheria and the sanitary state of a city, such, for example, as enables us to predict with almost absolute certainty the typhoid fever mortality of a city from a knowledge of its sanitary condition, or conversely, the sanitary condition from its typhoid mortality.

"8. The annual mortality from diphtheria fluctuates greatly, and this, too, in cities where the sanitary conditions are very nearly constant.

"9. Diphtheria is a disease of cold weather, being most active when putrefactive decomposition in sewers is presumably least so.

"10. Diphtheria is a contagious disease, transmissible from person to person and place to place, like small-pox and scarlet fever.

"11. The closing of schools and other places of public gathering checks an epidemic; and the isolation of the sick from the well, with the subsequent proper disinfection of the sick-room and its contents, extinguishes it.

"12. The data relied upon to prove a connection between sewerage and diphtheria either cover too short a period to be trustworthy, or are drawn from single cities having incomplete and defective sewerage.

"If these propositions be true, it follows as a necessary corollary that there is no direct relation between sewers and diphtheria."

These conclusions are based upon a study of the vital statistics of a large number of European and American cities and districts.

These are not at variance with any settled views as regards the origin of diphtheria. Many individuals have reported cases which seemed to originate from sewer-gas, but the most careful authorities have not been disposed to attribute to sewer-gas more than a predisposing influence.

#### A Marvelous Case of Tubal Pregnancy.

Dr. N. T. Tauski thus writes in the *Obstetric Gazette*:

Mrs. H. D.—, *æt.* 38, mother of seven children, on June 29, ult., complained to me of absence of her menses, loss of appetite, sleeplessness, and general malaise. Prescribed hot mustard baths and quin. sulph. in five-grain doses three times a day, with otherwise good results except the menstrual trouble.

She was very much afraid of getting pregnant again, as the attending physician to her last child gave the opinion that she would not outlive another confinement.

Examination did, indeed, not reveal any state of pregnancy, there being a normal condition of the uterus. The usual remedies for suppressed menstruation proved useless; the lady is, in the meantime, complaining of puffiness and swelling on the left side, just under the ribs, especially towards evenings, so that she could breathe only with difficulty.

Examined again July 19. Same state of the organ, save a small tumor-like elevation near the fundus, in the region of the left ovary. It must be a tubal pregnancy or a tumor, I stated to her, and advised further examination by other physicians of experience and authority. Her friends urged her to try their doctors. Among them was a certain Mrs. Brackmann, alias Bergmann, a "lady doctor," in Elmwood Place, two miles north from here. This "doctor," after a careful examination of Mrs. H. D.—'s urine, pronounced her to be pregnant, with the fetus in the abdomen, and floating in an unusual quantity of fluids. But our patient did not seem to trust the "doctor's" art of telling the kind of pregnancy by a mere looking at the waters, and concluded to fol-

low my advice. She consulted Dr. Thad A. Reamy, whose opinion was that she had either a tumor or abdominal pregnancy, he then being unable to detect any signs of foetal life. This was about the middle of October last. His second examination, however, dispelled the theory of tumor, as the child was playing quite palpably, but, according to all indications, in the abdomen.

November 11 she was again examined by Dr. Reamy and myself, with no other absolute proof whether it was a tubal or abdominal life, Dr. Reamy strongly inclining to the latter; the advanced state of gestation seemingly losing all claims to any probability of a tubal domain.

By this time the lady was in the eighth month of gravidity, and with no hope of surviving the dreadful ordeal, was preparing for a sure death, in spite of our trying to pacify her by citing many similar successful cases.

December 24. I was called, she experiencing some pains, and what did not the examination reveal? The entire foetus descended into the womb! Mrs. D. almost cried of joy when I announced the great possibility of a natural labor in a few days, though she thought the time was not so near yet.

December 26, at one o'clock a. m., being hastily summoned, I found my patient in lively labor pains, though the organs did not seem to dilate. In a short time, however, I succeeded in arousing the uterus to welcome contractions, and in about one hour and a quarter a nine-pound girl began to cry and kick in the outer world.

The mother claims this to have been her easiest confinement.

Quite a severe inflammation of the uterus scared me the following day, the organ swelling to an enormous size; but a few doses of quinia and a carbolic acid wash turned it all right again, and now mother and child are enjoying a brilliant health.

#### Diagnosis of Cancer of the Uterus.

In the *Brit. Med. Jour.*, Dr. H. Handford reports the following interesting case:

M. T., aged twenty-four years, was admitted into the Nottingham General Hospital under my care on April 7, 1885. Her family history was good. Menstruation commenced at the age of twelve; the flow lasted four days, and recurred every month. She was married at fifteen, and had had two children, both of whom died before they were six months old. Since then she had two miscarriages at about the third month; the last

five years ago, since which times she had been regular. She first noticed a foetid vaginal discharge about six weeks before admission, and a little later saw Dr. Truman at the Nottingham General Dispensary, who diagnosed cancer of the womb. She never had any rash on the skin or falling out of the hair, and had no syphilitic eruption. On vaginal examination, the cervix was found indurated, enlarged, ragged, and excavated so as to admit the index-finger for about three-fourths of an inch. The uterus was somewhat restricted in movement, but the fundus was not enlarged. The patient was also seen by Mr. Wright, the senior surgeon, who confirmed the diagnosis of cancer. The examination caused a little hemorrhage. I removed a small fragment of the growth, which, upon microscopic examination, was found to consist chiefly of large round cells, with a single large nucleus, but no flat or irregularly-shaped cells. The tissue was pervaded by the mycelium of a filamentous fungus (one of the hyphomycetes).

The patient left the hospital, and died eighteen weeks later, six months from the first symptoms. No post-mortem examination was made.

The diagnosis was between cancer, sarcoma, and syphilis. The ravages of the latter may be very extensive, but are stated to be limited to primary ulcers taking on a phagedænic character. There was no evidence of syphilis in this case. Sarcoma is said almost invariably to take its origin from the lining membrane of the body of the uterus, and not to commence in the cervix. The microscopic examination of the portion removed did not suffice to determine the exact nature of the growth. The fragment was necessarily small, was infiltrated with inflammatory materials, and consisted in large part of vascular granulations. These latter cover the surface of ulcerating new growths, are an important source of the hemorrhage, and, in many cases, differ very little in structure from healthy granulation-tissue; though, in others, "cell-nests," or other characteristic structures, may be found. For these reasons, I have come to the conclusion, after many trials, that negative results of the microscopic examination of scrapings or small fragments by no means disprove the malignant nature of the growth.

#### Cancer of the Lung.

Dr. A. T. H. Waters thus writes in the *Brit. Med. Jour.*, Feb. 20:

James C., aged 44, was admitted into the

infirmary under my care on January 13th last. He complained of tightness in the chest and slight dyspnoea, but no pain. His illness began, he said, about three months before his admission, and he had been gradually wasting since then. He had, however, followed his work in an iron foundry up to six weeks before coming to us. On examination, we found the whole of the right side of the chest dull on percussion, with very impaired movement. The dulness was very marked, but it did not extend beyond the median line in front. Vocal fremitus was very slight. The breath-sounds were very faint all over the lung. On the left side the resonance was good, and the breath-sounds loud, but healthy. The heart was not displaced, and the sounds were normal. The aspect of the patient, although somewhat pale and sallow, was not otherwise unhealthy. The pulse was 85. On the day after admission, the right pleura was tapped, and twenty ounces of a dark-colored fluid were drawn off by the aspirator. The fluid was very fibrinous, and coagulated soon after it was drawn from the chest; indeed, it coagulated in the canula during the operation. There was a slight improvement in the physical signs after tapping; the breath-sounds were more audible, but the patient did not improve. On January 17th, tapping was again practiced, but only two ounces of fluid withdrawn. The man now became rapidly weaker, and took his food badly. He complained of restlessness and insomnia, but there was no pain. The physical signs in the lungs remained unchanged. There was some expectoration of frothy, tenacious, and rust-colored sputa, for a few days rather abundant. The symptoms of exhaustion gradually increased. The chest was punctured again on the 25th, but only a very small quantity of blood-stained fluid was withdrawn. About February 1st the abdomen began to swell, but there was little or no pain. During the whole time the patient was under observation, his motions were very pale, but there was no jaundice. He died on February 7th.

#### **An Anomalous Case of Renal Calculus.**

Dr. James Oliver thus writes in the *Brit. Med. Jour.*:

Calculi may exist for a long time, not only in the pelvis, but in the structure of the kidney, without producing any definite manifestation of their presence; and often they are discovered, on post-mortem examination, in cases in which they were wholly unsuspected dur-

ing life. Some months ago a young lady, aged twenty-four, consulted me, complaining of aching pain in the right lumbar region, from which she had suffered more or less for six years. During the last two years she had been subject to paroxysmal attacks of severe pain in the same region, shooting across the abdomen towards the left groin, associated with vomiting and occasional rigors. Simultaneously with the recurrence of these attacks of pain, appears a swelling in the situation of the right kidney. For four or five hours prior to the paroxysm, the patient usually experienced an aching in the front of both thighs, but especially the right. On three separate occasions I had the opportunity of examining the patient whilst thus suffering. A cystic swelling, about the size of a small cocoon, was distinctly felt in the region of the right kidney, the lower and inner margin of which was always more or less sharply defined. It could be readily palpated by the fingers, employed in the manner usual to elicit any change in the renal organ, but was manifestly tender to the touch. There was marked increase of the area of normal kidney dullness, whilst, anteriorly, there was a limited though appreciable area of resonance between the liver dullness and that over the fluctuating tumor. As soon as the paroxysmal pain ceased, which it usually did in twenty-four or thirty-six hours, the swelling gradually disappeared, and the patient was again able to get about as usual. Twelve hours after the cessation of the attack, the right kidney could be felt, apparently normal in size, and no trace of the swelling could be detected. As the tumor disappears, there is no appreciable change in the amount of urine passed. The urine is acid and somewhat thick; it contains a few apparently inflammatory corpuscles, and spindle-celled flat epithelium, with no trace of degeneration; a fact strongly in favor of the supposition of the presence of a calculus, and the removal of the epithelium from the pelvis to the kidney by attrition.

### REVIEWS AND BOOK NOTICES.

#### NOTES ON CURRENT MEDICAL LITERATURE.

—In a paper on the influence of the sex of the fetus on the length of the intergestation period, Dr. J. Stockton-Hough reaches among other interesting inferences the con-

clusion that under the influence of feebleness, degeneracy and disease, each sex tends to produce a larger proportion of offspring of its own sex.

—Some cases of affections of the eye dependent on hysteria are reported in a reprint by Dr. M. Landesberg. They are of an instructive character.

#### BOOK NOTICES.

**Handbook for the Instruction of Attendants on the Insane.** 8vo. Pp. 187. Price, \$1.25. Cupples, Upham & Co., Boston.

The Medico-Psychological Association of Glasgow at one of its recent meetings appointed a committee to prepare a short series of instructions for the nurses and attendants in asylums for the insane. The present volume is the result. As expressed in the preface, its object is to give this class of readers such simple notions of the body and mind in health and disease, such instructions for the management of those maladies with which they are usually brought in contact, and such rules for their guidance in matters of every-day experience, as will enable them to do their work with greater intelligence and watchfulness. These ends are closely kept in view, and are well carried out throughout the pages of the volume, and hence it will be found to be one highly useful in establishments for the care of mental diseases.

**Transactions of the American Gynecological Society.** Vol. 10. For the year 1885. Pp. 356. D. Appleton & Co., New York, 1886.

These Transactions continue to appear in as handsome form and as replete with valuable essays as ever. Of the writers and topics in the number before us we may mention the papers by Dr. Busey on the Natural Hygiene of Child-bearing Life; Puerperal Diphtheria, by Dr. Garrigues; Protection of the Perineum During Parturition, by Dr. Reamy; On a Modification of Emmet's Cervix Operation, by Dr. Sutton; Inflammation of the Parotid Glands after Ovariectomy, by Dr. Goodell; Peristalsis of the Genital Tract, by Dr. Chadwick; The Advantages of the Genu-pectoral Posture in the Vomiting of Pregnancy, by Dr. Campbell; and this does not exhaust the list of those of marked merit. The address of the President, Dr. William T. Howard, is descriptive of two rare cases in abdominal surgery. The minutes, constitution, etc., complete the volume.

**Lectures on Dietetics and Dyspepsia,** By Sir William Roberts, M. D., F. R. S., etc. Second edition. Pp. 92. From G. P. Putnam's Sons, New York.

These lectures are interesting as being largely the result of original observations and experiment. The theories built upon the facts are also novel and striking, and well merit the attentive consideration of those who would study the digestive functions.

The general headings will serve to indicate the range of topics considered. Beginning with dietetics in general, the author treats of the effect of food accessories on salivary digestion, on peptic digestion, and on pancreatic digestion, and closes with a discourse on the acid dyspepsia of healthy persons. By food accessories he means alcoholic beverages, beef-tea, coffee, tea, sugar, salt, etc. His conclusions are carefully stated and of practical importance.

**A Manual of Surgery. In Treatises by Various Authors.** In three volumes, edited by Frederick Treves, F. R. C. S., Surgeon to and Lecturer on Anatomy at the London Hospital. Vol. I., General Surgical Affections, the Blood-vessels, the Nerves, the Skin. Vol. II., the Thorax, the Organs of Digestion, the Genito-Urinary Organs. Vol. III., the Organs of Locomotion and of Special Sense, the Respiratory Passages, the Head, the Spine. Duodecimos, 1866 pages, 213 engravings. Per volume, cloth, \$2. Philadelphia, Lea Brothers & Co., 1886.

**Surgical Diseases of the Kidney.** By Henry Morris, M. A., M. B., F. R. C. S., Surgeon to and Lecturer on Surgery at the Middlesex Hospital, London. 12mo., 555 pages, with 6 chromo-lithographic plates and 40 engravings. Cloth, \$2.25. Philadelphia, Lea Brothers & Co., 1886.

**The Surgical Diseases of Children.** By Edmund Owen, M. B., F. R. C. S., Surgeon to the Hospital for Sick Children, Great Ormond Street, London. 12mo., 585 pages, with 4 chromo-lithographic plates and 85 engravings. Cloth, \$2. Philadelphia, Lea Brothers & Co., 1886.

The work whose titles are given above belongs to the "Clinical Manuals for Practitioners and Students of Medicine," the series of which we have already had occasion to mention with praise. These latest publications continue the high character of the previous issues, and will be found to be as comprehensive and as well-prepared as any works of their size which can be named.



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THE AMERICAN MEDICAL ASSOCIATION.

It is simply wonderful with what pertinacity our esteemed contemporary, the *Medical Record*, continues to view the existing professional unpleasantness through partial eye-glasses. In its issue of May 15 it says:

"A PERMANENT SPLIT IN THE AMERICAN MEDICAL ASSOCIATION.

"Now that the American Medical Association has finished its session, and its members have dispersed to their homes, there must come to all a period of calm reflection. Such reflection can hardly fail to show that the Association has committed another serious error, and one from which it will not soon recover. We refer to the arbitrary refusal to admit the Philadelphia delegation. This delegation was the only one sent by the Philadelphia County Medical Society, it was duly accredited, and its rejection was a piece of injustice and folly so monumental as to make one wonder if the gods had not infused some mad frenzy into the minds of the Judicial Council. The immediate result of this act will be to alienate the profession of Philadelphia from the Association, and the sympathies of a very large majority of the profession not attached by political ties to the Association will go with them.

"For it is again demonstrated that the American Medical Association has fallen into the hands of political managers whose unskilfulness and stupidity are so astounding that we feel inclined to commiserate more than condemn.

"No doubt the American Medical Association believes that it can get along quite well enough without the coöperation of the leading physicians of Philadelphia, New York, Boston, and Baltimore, etc.; but without them it can no longer call itself a national or representative body.

"The American Medical Association will continue to live, and we trust will thrive; but it is permanently divided, and will, we fear, never again represent the whole American profession."

It is hardly fair or correct to speak of a *split*, when only a *few fibres* are carried away; it would be more correct to say a *shave*, or a *scrape*. The main body of the American Medical Association is to-day more united than it ever was, and it has lost the allegiance only of those who "got mad" because they could not control. We cannot help but see that the action of the Judicial Council was eminently proper in the case of the *alleged* delegation from the Philadelphia County Medical Society. There were two

sets of delegates before them; one set had been regularly and legally *nominated*, but they were not *elected*; the other set had been elected, but, and this is a big BUT, they had not been legally nominated, and as such nomination is, according to the constitution and by-laws of the Society, a *sine qua non* of a legal election, every unbiased mind must hold that they were not *legally* elected. Hence the clear position, which we foreshadowed in our issue of March 27, was that the Philadelphia County Medical Society had no legally-accredited delegates, and that the Society was not entitled to recognition. Like the famous "Kilkenny cats," our representatives have torn themselves to pieces.

The "whole row" from beginning to end has been made by a few men, who, as we have before said, were willing to try to ruin that which they could not control. We have great respect for these few men, among whom are to be found some of the greatest men in our profession, but we cannot have respect for or sympathy with their revolutionary methods of obtaining control. We have been asked by those who questioned our oft-repeated statement of the absolute supremacy of the American Medical Association, whether we would consider it right, *no matter what it did*, and we have answered, and we do still answer unhesitatingly, *yes*. In all bodies where the majority rules, the majority must be right; the right of the majority to rule the minority is the basis of all good government, and when the minority revolt, forcibly, against the majority, they are rebels, revolutionists, and anarchists. If successful, as we were in '76, they are heroes, but none the less they are rebels, simply because they rebel.

The *Medical Record* gives us the side of the *specialist*: let us turn to the other side, and we will present it in the words of a correspondent from Arkansas. He says: "I could not help feeling sorry for the Roberts-Agnew delegation from Philadelphia, at the meeting of the A. M. A. at St. Louis—they were so mercilessly sat down upon by the Association, and most justly so. The specialists, in my judgment, *who* have been raising such a *professional* muss, have to make up their minds to 'eat crow,' or, like Othello, their occupation will be gone; for they are dependent for their business, to a very large extent, upon the 'general practitioner' or 'family physician,' and in their present attitude to organized medicine they cannot expect to receive recognition from the *rank and file* of the profession. As we have before remarked, 'a word to the wise is sufficient.'"

#### CEREBELLAR SOFTENING.

While we are getting acquainted more and more with the localized functions of the brain, our knowledge of the special functions of the cerebellum is still rather confused. This is probably due partly to the fact that so many conducting fibres enter the cerebellum, and that lesions strictly limited to one part of it or to the whole are but seldom met with. In this respect, therefore, the following case of Dr. Thierry, in Paris (*Progres Med.*, 11, 1886), is of great interest to neurologists.

The patient, *set*, 31, is said to have always enjoyed good health until last year. when he suffered from an attack of inflammatory rheumatism. Abuse of tobacco or in venery had not occurred. About a month previous to his admission to the hospital the present disease developed. The first symptoms were violent headache, greenish vomiting, at first but seldom, later several times daily, and attacks of loss of consciousness, amounting more to stupor. The latter were followed by obscure vision and a remarkable weakness of the left side, causing the patient to walk like a drunkard. Sometimes he had to sit down to prevent himself from falling, and occasionally while working at his trade (shoemaker) he dropped down unconscious, dazed. Real apoplectic attacks did not occur, neither had he convulsions.

*State on Admission.*—Complains of great weakness all over left side. He cannot stand erect, must always lie on his right side. There is no paralysis, but the muscles of the left side move sluggishly. The left hand can be opened but partially. Has the appearance of a claw, as in progressive muscular atrophy, though no atrophy is present. No contraction, no convulsive twitches, no disturbance of motion on right side. Sensation and reflex excitability slightly diminished on left side, otherwise normal. No lesion of skin anywhere. Continuous intense pain felt all over the head. Tinnitus and great impairment of hearing in left ear. Amblyopia and extreme dilatation of pupil on same side. Apathy, continuous somnolency, hallucinations, and speaking incoherently, as in a dream. No excitement; if accosted loudly and shaken, patient replies intelligently to questions. Temperature, 36.3°; pulse, 50, not intermitting; heart-sounds normal; respiration regular, 16 inspirations per minute. In the evening twice vomiting.

*Treatment.*—Thirty-six grains potassium iodide per diem. From February 24 to 26 no special change. The scanty urine con-

tains neither albumen nor sugar. February 27, patient becomes comatose and cyanotic. The pupil, which had thus far been widely dilated, contracts, and the right remains in that state. At ten o'clock in the morning exitus letalis.

*Autopsy.*—Internal organs evince no morbid alteration. Cerebrum: Meninges free from adhesions; no trace of inflammation or of miliary granulations. The vessels of the pia seem almost to burst with dark blood, and appear very prominent. In the ventricles large quantity of a clear serous fluid. Very superficial softening of the walls of the right lateral ventricle; the cerebrum has preserved its normal consistence and shows no lesion. Cerebellum: Softening of the left cerebellar hemisphere throughout; its anterior and posterior parts form a grayish white band. Only the parts forming the foot of the peduncle have alone remained intact. At the anterior end of the right hemisphere another superficial focus of softening is found. The middle lobe, the bulbous and the pons are normal. While the basilar artery shows no obstruction, a coagulum closes for a length of about half an inch the left inferior cerebellar artery derived from the basilar. Prof. Cornil made a microscopical examination and discovered many granule-cells in the softened portions.

## NOTES AND COMMENTS.

### Some Points in the Practice of Artificial Respiration in Cases of Stillbirth, and of Apparent Death after Tracheotomy.

Mr. Francis Henry Champneys, in an article in the April number of the *American Journal of Medical Sciences*, in which this whole subject is carefully considered, thus sums up the treatment:

Never hurry; it is not a question of seconds, and success depends upon a fine exercise of the judgment. Make a good diagnosis, first as to life or death, secondly as to the stage of asphyxia (if life is not extinct). If the child is macerated, it is obviously dead and past hope. If the heart beats, ever so slowly and feebly, it is not dead. If the heart is not beating, death is not certain, unless it can be proved to be inactive for some time. If the child is livid and not flabby, it will probably come round: wipe out its mouth and pharynx, and rub it with a soft cloth down the spine; press gently on the cardiac region. If this produces no effect, inflate the lungs by the mouth, and then by Silvester's method. If air enters the lungs, well and good; if not, try Schultze's method, or insert a catheter.

On the first sign of muscular action, plunge the child into cold water, or into alternate hot and cold baths. Vary the treatment between occasional inflation of the lungs, artificial respiration, pressure over the cardiac region, baths, irritation down the spine, according to the judgment; remembering what may be expected of each method, and that no one will suffice for all cases. Watch for signs of resuscitation, namely, improvement in the color, in movements, in cardiac pulsations, as described above. Never be content until the child breathes regularly, and appears to be continually improving.

### Chronic Rheumatic Arthritis of the Hip-joint.

In a paper thus entitled, read on March 4, before the Harveian Society of London, Mr. W. Adams contrasted as follows the symptoms of rheumatic arthritis and those of Charcot's disease:

<i>Rheumatic Arthritis.</i>	<i>Charcot's Disease.</i>
1. Changes chiefly hypertrophic.	1. Changes chiefly atrophic.
2. Commences in the soft tissue.	2. Commences in the bones.
3. Painful throughout its course.	3. Generally painless.
4. Pain confined to the joint.	4. Pains shoot through the limbs.
5. No febrile disturbance. No gastric or ocular symptoms.	5. All these are present.
6. Reflex symptoms present.	6. Reflex symptoms absent.
7. Limited mobility.	7. Flail-like mobility.
8. Progress slow and chronic.	8. Progress rapid and acute.
9. Patients often reach old age.	9. Patients seldom reach old age.

### The Treatment of Intestinal Obstruction by Laparotomy.

Dr. Randolph Winslow reports, in the April number of *The American Journal of the Medical Sciences*, a case of acute intestinal obstruction successfully treated by laparotomy. In commenting on the treatment, Dr. Winslow expresses his opinion decidedly against any and all severe methods of attempting to overcome the obstruction, whether by rough manipulations, or by rectal injections under strong pressure. On the other hand, he deprecates resorting to operation until a fair trial of medical means has failed to relieve the condition, and until it is reasonably certain that there is some mechanical hindrance to the passage of the feces, which will terminate fatally unless relieved by operation. For obstruction in the large intestine, colotomy would in many cases afford relief. For persistent obstruction of the small intestine, his preference is decidedly in favor of laparotomy in the linea alba below the umbilicus, under rigid

antiseptic precautions, as being the most precise, scientific, and rational means of discovering the cause and seat of trouble, and of remedying it at the same time. Whilst not underrating the risks of laparotomy, he does not think an exploratory incision to be a more serious procedure than abdominal taxis, or enemata under heavy pressure, and he thinks it much more certain and reliable in its results.

## NEWS AND MISCELLANY.

### American Medical Association.

(Concluded from page 637.)

The report of the Standing Committee on METEOROLOGICAL CONDITIONS,

and their Relations to the Prevalence of Diseases, in cooperation with the British Medical Association, was presented by Dr. N. S. Davis, of Illinois. He stated that the progress of the work had been aided by the U. S. Signal Service, and that sufficient material had accumulated to present an elaborate report, but that it was deemed best to withhold it until the progress of the cholera epidemic in Europe was better known. The report was adopted.

### THE COMMITTEE ON NOMINATIONS

presented the following report of nominations for officers for the ensuing year:

*President*—E. H. Gregory, M. D., of St. Louis.

*Vice-Presidents*—Drs. B. H. Miller, of Stillwater, Michigan; W. B. Welch, of Fayetteville, Arkansas; Wm. H. Pancoast, of Philadelphia; W. C. Wile, of Sandy Hook, Connecticut.

*Permanent Secretary*—W. B. Atkinson, M. D., of Philadelphia.

*Assistant Secretary*—J. Nevins Hyde, M. D., of Chicago.

*Treasurer*—R. J. Dunglison, M. D., of Philadelphia.

*Librarian*—C. H. A. Kleinschmidt, M. D., of Washington, D. C.

*Section of Practice of Medicine*—Drs. J. S. Lynch, of Baltimore, Chairman; J. B. Marvin, of Kentucky, Secretary.

*Section of Surgery*—Drs. H. H. Mudd, of St. Louis, Chairman; J. B. Roberts, of Philadelphia, Secretary.

*Section of Obstetrics*—Drs. S. M. Johnson, of Kansas, Chairman; W. W. Jaggard, of Illinois, Secretary.

*Section of Oral and Dental Surgery*—Drs. J. S. Marshall, of Chicago, Chairman; E. S. Talbott, of Chicago, Secretary.

*Committee on Necrology*—J. M. Toner, M. D., of Washington, Chairman.

*Judicial Council*—Drs. N. S. Davis, of Illinois; Hawkins Brown, of Kentucky; William Brodie, of Michigan; D. J. Roberts, of Tennessee; R. C. Moore, of Nebraska; T. A. Foster, of Maine; James A. Gray, of Georgia.

*Trustees of Journal*—Drs. P. O. Hooper, of Arkansas; A. Garcelon, of Maine; L. S. McMurtry, of Kentucky.

*Time and Place of Next Meeting*—Chicago, first Tuesday in June, 1887.

*Chairman of Committee of Arrangements*—Charles Gilman Smith, M. D., of Chicago.

The report was unanimously adopted.

### GENERAL SHERMAN

was then called to the platform, and spoke a few words of compliment and respect. He referred to his own observations of the labors of the surgeons in the late war, and closed by assuring the Association of its cordial welcome to the homes of St. Louis, and expressing approval of such general assemblages of scientific men, which can only result in profit to the public as well as to themselves.

### THE ADDRESS ON OPHTHALMOLOGY

was delivered by Dr. Eugene Smith, of Michigan.

Reference was made to the recent discoveries in regard to the action of cocaine, particularly to the occasional toxic action it exerts, and he advised that in all cases it should be tried first in the strength of one per cent., until its action on the patient has been demonstrated, when the strength of the solution employed may be increased to three or four per cent.

He stated that recent experiments had placed the operation of transplanting the conjunctiva of the rabbit upon the human eye, among the recognized operations. Clinical experiences and careful study have demonstrated, that in sympathetic conjunctivitis the inflammation travels along the optic nerve to the unaffected eye. Referring to the use of antiseptics, he stated that they should always be combined with other means for the prevention of suppuration—above all, with careful observation of cleanliness.

Cocaine, he continued, has taken its place in the treatment of painful affections of the ear. A four per cent. solution is usually employed. Bad symptoms have followed its use in but a few cases. The dry treatment of otitis media suppurativa, although strongly advocated by some, has been decided as being applicable to but a certain class of cases,



others improving more rapidly under other methods. The discovery of a causal relation of certain local pathological conditions of the nasal chambers to pulmonary disease, has been an important advance.

The relation of the same diseases to asthma, chorea, and epilepsy, has also been demonstrated by cure by appropriate treatment. Reference was made to the application of electricity to the removal of adventitious tissue from the nasal cavities.

During the year, the intubation of the larynx has been practiced to an extent and with a result that are truly remarkable. It is an operation that bids fair to supplant tracheotomy for the relief of laryngeal affections. Its introduction is due to Dr. O'Dwyer, of New York. Great improvement has also been made in the process of photographing the laryngeal image.

#### INOCULATION OF YELLOW FEVER.

Dr. Gaston, of Atlanta, Georgia, presented a resolution the purport of which was that, in view of the fact that well-authenticated reports have been received of the successful inoculation with attenuated virus of yellow fever poison, in proof of which Dr. Horace Allen, now present, testifies that he was inoculated and afterward passed through an epidemic of the disease at Rio Janeiro, without contracting the disease, while many others died of it; and in view of the fact that reports have been published which indicate the safety of the procedure, the Association, therefore, petition Congress to appoint a scientific commission and appropriate sufficient funds for an investigation of the method and its success. The resolution was adopted.

#### A RESIGNATION.

Dr. John B. Roberts, of Philadelphia, offered his resignation of the office of Secretary of the Section on Anatomy and Surgery, in view of the fact that the delegation of the Society of which he was a member had been excluded from the Association. On motion, the resignation was accepted.

#### EXPUNGED FROM THE MINUTES.

Dr. A. E. Baldwin, of Chicago, then moved that as certain resolutions offered by Dr. Roberts were of a character which cast a reflection on the conduct of our excellent President and Permanent Secretary, therefore that all allusion to said resolutions be expunged from the minutes of the Association. Carried.

Dr. Jackson, of Philadelphia, then read  
A PROTEST AGAINST THE ACTION OF THE  
JUDICIAL COUNCIL  
by which the Philadelphia County Medical

Society, one of the oldest, most respectable, and the largest of the medical societies in affiliation with this Association, has been excluded from recognition, at this meeting. A motion to table the protest was promptly made and carried.

Dr. N. S. Davis, of Chicago, moved

#### A VOTE OF THANKS

to the Committee of Arrangements, to all the local officers, and to the people of St. Louis, from whom such cordial courtesies and such kindly treatment had been received. Adopted.

#### AMENDMENT TO THE BY-LAWS.

Dr. Keller, of Arkansas, offered an amendment repealing that adopted at the present meeting by which the sections nominated their own officers.

Drs. Davis and Johnson were then appointed a committee to introduce

#### THE PRESIDENT-ELECT,

Dr. Gregory, of St. Louis.

Dr. Gregory accepted the office with a few appropriate remarks expressing sincere gratitude for the honor conferred upon him.

Dr. Brodie, after a few words of thanks to the members of the Association for the manner in which they had supported and aided him in the discharge of his duties, and after congratulating them on the pleasant manner in which all matters on which there existed a difference of opinion had been adjusted, leaving no personal ill-will between any of the members, declared the Association adjourned.

#### SECTIONS.

In the Section of Obstetrics and Diseases of Children, Dr. H. O. Marcy, of Boston, exhibited on the screen a number of cuts in treating of

#### THE LESIONS OF THE PERINEUM AND THEIR REPAIR.

These consisted of frozen sections, among others that of a woman who hung herself in the eighth week of pregnancy; another who died during parturition. He showed the bladder and rectum full and empty; the dissection and repair in operations on the perineum; showed Emmet's operation, complimenting his method of dissection; cuts from Hart, Henly, and Savage, and showed cuts of his own manner of operating, which he had reported to this section two years ago. He also showed his "safety-pin," made of heavy German-silver wire.

Dr. E. W. Cushing, of Boston, showed a number of microscopical specimens on the screen in discussing

THE PATHOLOGY OF EROSIONS, SO-CALLED,  
OF THE OS UTERI.

Dr. A. C. Miller, of Cleveland, O., discussed the paper, and was replied to by Dr. Cushing.

Dr. W. W. Potter, of Buffalo, N. Y., read a paper entitled

SOME OBSERVATIONS ON THE UTERINE SOUND,  
WITH ESPECIAL REFERENCE TO ITS  
USE IN GYNECOLOGICAL THER-  
APEUTICS.

It was but a few years ago when a Ferguson's speculum, caustic-holder, uterine dressing-forceps, and Simpson's sound, were an ample outfit for the practice of gynecology. The sound has been used in almost every malady peculiar to the pelvic organs, and I am sure it is in the range of truth to assert that this instrument has done woman more harm than any other used in the management of her diseases. The young physician is prone to its improper use, and, sad to say, causes often irreparable damage to the genital tract or health of woman. Nor is this animadversion applicable exclusively and alone to the professional novitiate, for many whose experience should have taught them better are guilty of the same. I myself am not holier than thou, but take a full share of blame for past misuse. My experience has taught me in every instance in those cases which seem to invite its use for diagnostic purposes, most earnestly to use it with the utmost caution, circumspection, and gentleness. I would most strenuously insist that this instrument should be applied to only as a *dernier resort*, and in juncture with extreme doubt. Have we not repeatedly seen endometrium so sensitive as to spring into violent inflammation as a result of contact with the sound? Metritis, both peri- and para-salpingitis, ovaritis, pelvic cellulitis, et id omne, are among the results. What, pray, may all these lead to? Were it possible to group together in one table where woman has been caused to abort by the use of the sound, what would be the array? Those indescribable symptoms, remote and reflex in character, also sympathetic, which we call neuroses—hystero-neuroses if you please, that are difficult to locate but unbearable—neuralgias, headaches, backaches, etc., count up a picture of woe pitiable to think about. Mr. Lawson Tait has found that in his own practice, as experience increases, his use of the speculum and sound grows less and less. This comes from the increased *tactus eruditus*. He says, educate the finger-tips. This were well, but few of us can reach the perfection of a Tait.

However, the nearer we can come to attaining this, the better gynecologists we are and the less will we use the sound. The essayist said that the os uteri should always be patulous, and the endometrium free from disease before the sound is used.

When necessary, the delicate virgin-silver probe of Sims is better and safer than the Simpson sound. This should never be passed at the first interview. We should, if possible, avoid it until we are quite familiar with the topography and peculiarities of the sexual tract of our patient. We should wrap absorbent cotton about the instrument to serve as a cushion for the metal. He could not speak in too strong terms against the use of the sound to replace the retro-poised uterus. He named this use of the instrument as barbarous practice, and recommended the intelligent and persistent use of manipulation and the genu-pectoral position. The sound has taught us some good things, chief among them being the better use of our fingers. He hoped that with the use of the better educated finger-tips the sound would grow less and less in demand and use, and we shall be rid of much of the opprobrium which the young and growing art, gynecology, is now compelled to suffer.

Dr. Gordon, the President, in a neat speech, complimented the paper very highly, and endorsed every word of it.

Dr. Franklin H. Martin, of Chicago, read a paper on

ELECTROLYSIS IN GYNECOLOGY.

The author first spoke of the theory of action, then described what took place in the normal tissue and in the pathological tissue, or in pathological tissue mixed with normal tissue. He mentioned the principal advocates of electrolysis, and enumerated the diseases in which it was beneficial, viz., varices, polypus, nævi, epilation, hydrocele, bronchocele, extra-uterine pregnancy, hernia, hemorrhoids, epithelioma, and uterine fibroid. He also related his experience with an extra-uterine fibroid. This trouble is reported cured by this means by numerous authors. He gave the particulars of the application of the remedy, spoke of the mixed galvanic and faradic method, and showed his manner of applying electrolysis.

Dr. Ely Vandewalker, of Syracuse, N. Y., complimented the paper, and gave brief expression of his experience. He reported a case of solid uterine outgrowth to which he applied electrolysis. The operation proved to be very painful; the patient groaned and writhed under the pain, though anesthetized. After eight days he observed a rise in tem-

perature, and an abscess followed. The tumor was reduced in size, but the woman was very ill and barely escaped death. Two other cases have submitted to an operation, but the results have been negative.

Dr. Robert Newman, of New York, took great interest in the subject. He recommended weak currents. Instead of twenty, thirty, or eighty cells, we should use two, three, four, five, or six cells. The object is absorption. The strong current does harm; the weak causes absorption. In gynecology electrolysis has a wide field. The one great thing is, we have a safe and sure remedy to save the woman suffering from extra-uterine pregnancy. Do not use needles, use electrodes. In cases of hardened tissues, electrolysis has done much good, in my experience. In malignant growths and cancers it has done good, and been followed by failure in stricture of the urethra in females. In my hands it has never failed. I hope the gentlemen will not forget to use weak currents.

Dr. Hulbert, of St. Louis, said he was an electrical crank. He had reported some remarkable cures. He said we should measure the dose, as in other remedies, and thought Dr. Vandewalker's failures due to not having measured his dose.

Dr. George Engelmann, of St. Louis, said Dr. Martin had only brought this subject before them in a scientific light. He only touched on the results to be attained. He was surprised at Dr. Vandewalker's and Dr. Newman's speaking so indefinitely of strong and weak currents. He had always insisted on using the galvanometer. Know your dose. Cases had been reported here where cures occurred only after forty-five sittings. If you will measure your electricity, you will cure your patient in five or six sittings of five minutes each. The kind of electricity used is quite as important as the number of cells. Give a sitting of five minutes, and a strength of forty, fifty, eighty, or one hundred milliamperes, according to how much the patient can bear; it may cause slight pain at first, but should not after that. Avoid the peritoneum if possible, but if necessary pass it through. He uses one needle and a large plate, fourteen by sixteen inches. The cells are gradually added, until the galvanometer shows enough.

In the Section on Diseases of Children, Dr. Mary Harris Thompson, of Chicago, read a paper on

WHY DISEASES OF CHILDREN SHOULD BE  
MADE A STUDY BY THEMSELVES.

She said opium and alcohol should in all

their forms be discarded as soon as safer remedies could be found, and she was confident it could be done if the subject was more thoroughly studied. The rules for physical diagnosis would not well apply to a child, because they were undeveloped; the child being small and fretful, a correct examination could not be had. Adult remedies were not applicable to a child, even in reduced doses, and it was as important to save the life of a child as an adult.

The discussion was spirited, but the speakers were divided upon the necessity of using opium and alcohol as remedies. Some would not use either in any of their preparations, under any consideration, while a like number felt they could not practice intelligently without either drug in their preparations. Dr. Thompson, in closing, said the application of external heat would often answer the purpose of both drugs, which should be discontinued for moral reasons, if for no other.

From time to time we will furnish abstracts of papers as they come in.

#### American Climatological Association.

The third annual session of this Association was held in Philadelphia, May 10 and 12, 1886.

The President, Wm. Pepper, M. D., opened the session with an address on

#### THE CAUSES AND DISTRIBUTION OF CONSUMPTION IN PENNSYLVANIA.

He wished this to be considered simply as a preliminary report. The data obtained, while not sufficient to warrant any positive conclusions, seemed to indicate that consumption is most prevalent in the counties of low altitude, where the rainfall is greatest, and that the number of deaths in proportion gradually diminishes as higher elevations with a smaller rainfall are reached, until when an altitude of 2000 feet is obtained, the death-rate has diminished to less than 1 per 1000.

The city of Philadelphia was separately considered. In a period of twenty-six years it was found that there had been 60,000 deaths out of a total of 400,000, the rate for each year being quite uniform. The rate among negroes is over twice that of the general population. Among the foreign population the death-rate is also in excess of the people at large. Deducting the deaths among negroes and foreigners, the true mortality among the Americans in Philadelphia is much lower than is commonly believed.

The percentage of deaths from consumption as compared with the total number of deaths is by this method nine and a half per cent., as contrasted with fourteen per cent, the rate when all classes are included.

Dr. A. L. Loomis, of New York, then read a paper on

THE EFFECT OF HIGH ALTITUDES ON  
CARDIAC DISEASE.

In the summer of 1880, while at St. Regis Lake, in the Adirondacks, he was requested to see a gentleman who had just arrived, and was thought to be dying. The patient, aged forty years, was found gasping for breath, cyanosed, with no apparent radial pulse, and bathed with profuse perspiration. Neither heart-sound could be heard. Under the hypodermatic use of digitalis, morphia, and brandy, he improved. The following day it was learned that he had left New York apparently perfectly well. When he reached an elevation of 1,000 feet, his breathing became difficult, and as a higher altitude was reached the difficulty was increased, and was accompanied by cardiac palpitation and a sense of oppression in the epigastrium. When he reached St. Regis Lake, at an elevation of 2,000 feet, he appeared to be dying. Physical examination showed well-marked dilatation of both ventricles, with a loud systolic murmur heard over the præcordia and transmitted a little to the left. At the end of three days he returned to New York. As he reached lower levels, the difficulty of breathing diminished, and when he reached the level he could walk. The irregular heart-action, however, continued, and the feet soon became cedematous, and he died six weeks later with general anasarca and heart insufficiency. No autopsy was made. The patient had never presented any evidence of cardiac disease prior to his trip to the mountains.

Dr. Loomis had seen in all twenty-six similar cases, the histories of five of which were given.

In all cases coming under his observation, the ventricular dilatation was unquestionably the cause of the sudden development of distressing symptoms, and the commencement or the fatal issue seemed to be directly due to the effects on the cardiac circulation of a change from a lower to a higher altitude. The probable explanation of these cases was then considered. He first referred to the nervous supply of the heart. The quality or the atmosphere, which is probably the only operative factor under the circumstances, is the diminished density.

The two important elements leading to

permanent cardiac insufficiency are, first, the condition of pulmonary distention consequent upon rarefaction of the atmosphere; and second, the resultant condition of the circulating blood. In the first, the terminations of the vagus are excited by the distention of the lungs; by the excitation of these afferent fibres the cardiac walls and inhibitory ganglia of the medulla are paralyzed or weakened. The inhibitory control being lost, the diastolic intervals are shorter and the rhythm increases, but the amount of work accomplished is not proportionate to the visible cardiac energy. The change in the blood, which acts as an important and ultimately the principal factor in producing the cardiac insufficiency, is the deficiency in oxygen. The vaso-motor centres, influenced by the want of oxygen in the blood-supply, excite a general contraction of the arterioles of the body, filling the veins, and affording a large heart-supply, while the arterial pressure rapidly rises as the peripheral resistance is increased. Ordinarily, the heart would relieve itself by excitation of the cardio- and vaso-inhibitory centres, but these centres are held in abeyance by the condition of the blood circulating in the medulla. This increase in the intracranial pressure cannot continue, and sooner or later the heart passes into a state of diastolic relaxation, which is the primary step of a condition of ventricular dilatation. It is not improbable that the blood heavily laden with carbon dioxide, also acts as a disturbing factor of the normal action of the heart through this same afferent mechanism.

If the explanation of the effects of high altitude upon the cardiac circulation be accepted, the risk which one with even slight cardiac insufficiency runs by passing from a lower to a higher altitude is certainly very great; and if the insufficiency is extensive, such changes become immediately dangerous. It must be remembered that cardiac insufficiency may exist in those who give no evidence of it.

Clinically, he relied upon what is termed the muscular element of the first sound of the heart in determining the condition of the muscle walls. The absence of the muscular element of the first sound indicates a failure in the integrity of the heart power, which would lead him to caution such a one against passing rapidly from a lower to a higher altitude. Clinical experience had also convinced him that it was unsafe for one to make such change whose cardiac rhythm was greatly disturbed by nervous excitement by rapidly ascending a long flight of stairs.



Dr. Frank Donaldson, jr., of Baltimore, then read

A PRELIMINARY ACCOUNT IN REGARD TO CIRCULATORY AND RESPIRATORY CHANGES OBSERVED IN ANIMALS PLACED IN THE PNEUMATIC CABINET.

The experiments had been performed by Prof. H. N. Martin, of the Johns Hopkins University, and the writer. The animals employed were rabbits, which had been chloralized. It was found—

1. When the animal is breathing air from outside of the cabinet, rarefaction of air within the cabinet causes a marked fall of general arterial pressure, but has no influence on the pulse-rate. The fall of pressure lasts only a short time (ten or twenty seconds), and is often followed by a temporary rise above the normal.

2. This fall of systemic arterial pressure depends on two factors: greater flow of blood to the skin when the air around the animal is rarefied, and greater accumulation of blood in the lungs when they are distended.

3. Of these two factors, accumulation of blood in the lungs is the more effective; for if the animal breathes air from the cabinet, and not from the outside, rarefaction of the air within the cabinet (in this case accompanied by no special expansion of the thorax) has but a trivial effect in lowering arterial pressure.

4. When the animal is breathing external air, rarefaction of the air within the cabinet usually has no effect upon the respiratory rate nor upon the extent of individual respiratory acts, unless the fall of blood-pressure be considerable. If it be considerable, symptoms of anemia of the medulla oblongata show themselves. In some cases there is more forcible dyspnoeic breathing, and in some, dyspnoeic convulsions similar to those which occur when an animal is bled to death, and due to the same cause, viz., deficient blood flowing through the respiratory centre.

5. The rapid recovery of general arterial pressure, while the animal is still in a rarefied atmosphere, but breathing external air, is probably due to excitation of the vasomotor centre, which, as is well known, is excited whenever the blood-supply is defective.

6. The brain, enclosed in a rigid box which is practically unaffected by variations in the atmospheric pressure, has its circulation more disturbed in the pneumatic cabinet than any other organ, with the exception of the lungs.

7. Compression of the air within the cabinet while the lungs are in communication with the external air, causes a considerable

transient rise of blood pressure. This is probably mainly due to the forcing of the blood from the cutaneous vessels, but there has not yet been sufficient time to investigate this point thoroughly.

8. Compression of the air within the cabinet while the lungs are in communication with the external air, slows the pulse as the arterial pressure rises. This is probably due to excitation of the cardio-inhibitory centre by increased intracranial blood-pressure. Further experiments are, however, necessary before this can be positively stated.

9. In certain cases when the air within the cabinet is rarefied and the animal is breathing external air, the respiratory movements cease altogether for several seconds. As to the cause of this physiological apnoea, we are not yet ready to form an opinion. It may be due to extra accumulation of air in the alveoli of the lung, or to distention of the lungs, exciting those fibres of the pneumogastric which tend to check inspiration.

These papers were discussed by Drs. Pepper, Bruen, and Hudson.

*Evening Session.*

The first paper of the evening was entitled

A CLINICAL REPORT OF CASES TREATED BY PNEUMATIC DIFFERENTIATION,

by Dr. H. F. Williams, of Brooklyn.

The reading of the paper was preceded by a demonstration of the cabinet, showing the different methods of application of the apparatus. The speaker reported forty-five cases in which the cabinet had been employed, and described sixteen cases in detail.

Dr. V. Y. Bowditch, of Boston, then followed with a paper on

TEN MONTHS' EXPERIENCE WITH PNEUMATIC DIFFERENTIATION.

He gave the clinical results of the treatment of twenty-seven cases since June 30, 1885. Pulmonary phthisis, in its tubercular and non-tubercular forms; bronchitis, in its acute and chronic forms, with and without emphysema or asthma; and retraction of the lung from long-standing pleuritic effusion, were the diseases which he had treated in the pneumatic cabinet. His experience was such that, although he had been unable to accomplish thus far such brilliant results as some others had claimed, yet he felt convinced of the very marked beneficial effect of the cabinet in many cases where other means had failed to give relief, and of its curative power in one case of incipient tubercular trouble, and he looked forward

with hope to what may be done in the future with this new method of treatment.

#### THE PHYSICS AND PHYSIOLOGICAL ACTION OF PNEUMATIC DIFFERENTIATION.

Dr. J. H. Platt, of Brooklyn, said he believed that the effect of reduced air-pressure upon the periphery of the body is to increase the expansion of the thorax in inspiration, and to diminish its contraction in expiration, consequently to increase the amount of residual air. By the increased pressure in the lungs it will tend to exsanguinate them, and to raise the arterial blood-pressure in the general circulation. He believed that such benefit as results from the use of the cabinet is due mainly to the reduction of congestion in the lungs by the air-pressure within them, and by the increased expansion and movement of the lungs favoring their greater action, and modifying their nutrition.

The President, in calling for discussion upon the preceding papers, referred to the apparatus of Waldenberg, and the neglect of any reference to this method of treatment in most papers on pneumatic differentiation. The use of this apparatus with proper hygienic and dietetic restrictions, is so gratifying that it cannot be forgotten in a discussion of this kind. It must be remembered that this plan of treatment is simply an adjuvant to hygienic and dietetic treatment.

Dr. Loomis, of New York, considered that the most useful application of the pneumatic cabinet was in pulmonary gymnastics. He had never seen any evidence that sprays or vapors reached the lungs, and he had never seen any effect on the bacilli from these.

There are certain cases of phthisis which always present a sluggish circulation of the periphery, and which pass rapidly from one stage of the disease to another. In these cases the use of the cabinet in the Sanitarium in the Adirondacks had an exceedingly favorable influence upon the capillary and general circulation, while the pulmonary lesions remained without change. Such patients have gained in weight and flesh. The use of the instrument is not to be confined to pulmonary disease. In anæmia and nervous diseases, with feeble circulation, the apparatus may be found of benefit.

Dr. J. Solis Cohen, of Philadelphia, thought that the results recorded from the use of this apparatus were no better than those obtained by older and simpler forms of apparatus. He reported patients in advanced stages of phthisis whose lives had been prolonged ten years by the use of the Walden-

berg apparatus. He agreed that the principal advantage was from the pulmonary gymnastics.

TUESDAY, MAY 12.—SECOND DAY.

#### Morning Session.

The report of the Committee on Health Resorts was received and ordered printed in the proceedings.

Dr. Roland G. Curtin, of Philadelphia, then read a paper on

#### ROCKY MOUNTAIN FEVER.

From his own experience and from correspondence with residents in Colorado, he concluded that Rocky Mountain fever is not a specific fever. Under this head he thought that probably there had been classed cases of typhoid fever, typho-malarial fever, and ordinary continued fever. In these altitudes, these diseases are undoubtedly largely modified by the conditions present. The various influences which might tend to alter the aspect of the diseases were then referred to.

Dr. E. W. Schauffler, of Kansas City, confirmed this opinion.

Dr. C. C. Rice, of New York, then spoke of

#### HOW THE THERAPEUTIC VALUE OF OUR MINERAL SPRINGS MAY BE INCREASED,

and presented the following conclusions:

1. Physicians should make a careful analysis of our mineral springs.
2. The medicinal value of the waters should be tested by clinical investigation, and the conclusions published for the benefit of the profession.
3. If the waters are found to present marked merit, the physician should interest himself in developing the springs, improving the baths, etc.
4. Physicians, in sending patients to the springs, should be more careful to select the proper water, and should send with the patient the diagnosis and history of the condition, for the benefit of the physicians at the bath.
5. The patient, while at the mineral spring, should be under a more rigid medical discipline.

The discussion of this paper was participated in by Drs. Bruen, van Bibber, and Kretschman.

Dr. Didama, of Syracuse, read a paper on the

#### CLIMATE OF MEXICO.

The paper was based upon somewhat conflicting communications from physicians practicing in Mexico.

Dr. Edward T. Bruen, of Philadelphia, followed with a paper on

THE SOUTHERN ADIRONDACKS, describing his experience in this locality, giving the results of meteorological observations, and describing the classes of patients likely to be benefited by a sojourn in these regions.

Dr. E. A. Schaffner, of Kansas City, then spoke of

#### THE CLIMATE OF EL PASO, TEXAS.

El Paso is 340 miles south of Santa Fe, and is 3700 feet above the sea level. The soil is sandy and porous. The great advantages of this climate are the mild winter and the small rainfall. The annual mean temperature is 61.59°. The winter mean is 47.9°. The average rainfall for several years has been about twelve inches. The winter months are the driest of the year. The air is exceedingly bracing and tonic.

Dr. A. N. Bell, of New York, read a paper describing

SOUTHERN PINE PARKS, a new health resort of North Carolina.

#### Afternoon Session.

The following were elected

#### OFFICERS FOR THE ENSUING YEAR:

*President.*—Dr. F. Donaldson, of Baltimore.

*Vice-Presidents.*—Drs. V. Y. Bowditch, of Boston, and Roland G. Curtin, of Philadelphia.

*Secretary and Treasurer.*—Dr. J. B. Walker, of Philadelphia.

*Additional Member of Council.*—Dr. F. C. Shattuck, of Boston.

A communication was received from the Committee of the American Surgical Association, inviting the Society to appoint a committee to confer with like committees from the other special societies in reference to the organization of a

#### CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

The communication was approved, and the following committee was appointed: Drs. A. L. Loomis, of New York; F. Donaldson, of Baltimore; F. C. Shattuck, of Boston; E. T. Bruen, of Philadelphia; and W. W. Johnston, of Washington.

Dr. H. B. Baker, of Lansing, Mich., then read a paper on

#### THE CAUSATION OF PNEUMONIA.

The atmospheric condition, he said, which

is most closely associated with pneumonia, is the night ozone, but although this is perhaps one factor, it is probably not the controlling force. He believed that the statistics which he presented showed that the causation of the disease is absolutely controlled by the meteorological conditions.

Dr. J. H. Musser, of Philadelphia, then offered some

#### SUGGESTIONS REGARDING THE PREVENTION OF PHTHISIS IN MILL HANDS.

He showed that states of ill-health are common in this class of artisans, and asserted that it is very largely due to an inadequate supply of food, which is improperly selected and prepared, and to carelessness in attention to digestion. This cause obtained more largely than bad hygienic surroundings, or the occupation itself. If this be true, the remedy is to have the system of the Willimantic Cotton Company used by all mill proprietors. That company has proven by experience and careful calculation that it pays them in quality and quantity of work done to supply milk to their boys and bouillon to their women twice daily, and that the health of the operatives is promoted, and their lives prolonged thereby.

Dr. C. L. Dana, of New York, read a paper on the

#### INFLUENCE OF HIGH ALTITUDES WITH REFERENCE TO NERVOUS AFFECTIONS.

The observations had been made by physicians at Colorado Springs. The climate seemed to be unfavorable for nervous affections in children, such as chorea. It seemed to be bad for nervous affections in women. High altitudes do not necessarily injure epileptics. In chronic obstinate insomnia in anæmia and malnutrition, the high altitude appears to be beneficial. In chronic affections of the cord the effects seem to be unfavorable.

He thought that the climate tended to produce lithæmia and arthritism, with consequent irritation of the nervous system. The best results are obtained in debility, neurasthenia, and especially in anæmia, insomnia, and melancholia associated with anæmia and malnutrition.

A vote of thanks was extended the College of Physicians of Philadelphia for the use of its hall, and the Association adjourned *sine die*.

#### American Surgical Association.

At the seventh annual meeting of this Association, held in Washington, April 28, 29, 30,

and May 1, the following papers were read: "Physiology and Surgery of Motor, Sensory, and Moto-sensory or Compound Nerves," by Dr. Moses Gunn, of Chicago; "Diagnostic Laparotomy," by Dr. Christopher Johnston, of Baltimore; "Two Cases of Laparotomy," by Dr. J. F. Thompson, of Washington; "A Consideration of the Bacteria of Surgical Diseases," by Dr. Harold C. Ernst, of Jamaica Plains, N. Y.; "A Sterilized Atmosphere," by Dr. David Prince, of Jacksonville, Ill.; "The Surgery of the Pancreas as Based upon Experiments and Clinical Researches," by Dr. N. Senn, of Milwaukee; "Two Cases of Cholecystomy," by Dr. Charles T. Parkes, of Chicago; "A Case Simulating Abdominal Pregnancy—Laparotomy, Cæsarian Section, and Removal of a Living Child," by Dr. John S. Coleman, of Augusta; "Traumatic Aneurism of the Internal Carotid Artery," by Dr. T. F. Prewitt, of St. Louis; "Lipoma Testis, or a Large Accumulation of Fat in the Tunica Vaginalis," by Roswell Parke, of Buffalo; "Nephrectomy on a Patient Twenty-three Months Old," by the same author; "Stretching of the Facial Nerve," by Dr. W. W. Keen, of Philadelphia; "Subcutaneous Division of Urethral Stricture," by Dr. C. H. Mastin, of Mobile.

The President announced the following committee on the proposition looking to the formation of a Congress of American Physicians and Surgeons: Drs. C. H. Mastin, Charles T. Parkes, J. Ford Thompson, J. Ewing Mears, and N. Senn.

The officers elected were as follows:

*President*—Hunter McGuire, M. D., Richmond, Va.

*Vice-Presidents*—T. F. Prewitt, M. D., St. Louis, and J. W. Gouley, M. D., New York.

*Secretary*—J. R. Weist, M. D., Richmond, Ind.

*Recorder*—J. Ewing Mears, M. D., Philadelphia, Pa.

*Treasurer*—P. S. Conner, M. D., Cincinnati.

*Council*—Drs. Hunter McGuire, John S. Billings, L. McLane Tiffany, R. A. Kinloch, and Moses Quinn.

*Honorary Members—Foreign*, Sir William MacCormac; *American*, Professor Henry J. Bigelow.

*Active Members Elected*—Drs. H. H. Mudd, St. Louis, and Joseph Ransohoff, Cincinnati.

Time and place of next meeting, the second Wednesday of May, 1887, at Washington.

Adjourned.

### The Pennsylvania State Medical Society.

Gentlemen from Philadelphia and vicinity who would attend the Pennsylvania State Medical Society at Williamsport will find great advantage by patronizing the Reading R. R. Co. The train service between Philadelphia and Williamsport is as follows:

Leave Philadelphia 9:50 a. m., 5:50 p. m.; arrive Williamsport 5:50 p. m., 12:40 midnight.

Returning, leave Williamsport 3:00, 10:00 a. m., 12:00 noon; arrive Philadelphia 9:45 a. m., 12:10, 8:50 p. m.

You will notice the trains leaving Philadelphia 9:50 a. m., and 5:50 p. m., and Williamsport 3:00 and 10:00 a. m. are the fastest.

### Items.

—*Little Boy*—"Mamma, they call all the Wall street men bulls or bears. Which is papa?"

*Mamma*—"O dear, Willie, don't ask so many questions; go and ride your velocipede."

*Little Boy*—"Well, I just want to know whether I am a calf or a cub."

—It is related of a certain judge in a French court of justice, that, on the hearing of a case involving some details of a decidedly nasty character, he appealed to all honest women to leave the court. After waiting patiently some few minutes, and seeing that not a lady had stirred, he called to the usher, "Now that all the honest women have left, turn out the others."

—When a great ruler dies in Europe some one calls in his ear three times. Once is enough in Kentucky. A friend steps reverently to the couch of the deceased and whispers—not necessarily loud—"Let's take a drink." If he makes no reply, then he is dead beyond peradventure, and the funeral is proceeded with.

—The King of Servia has made a proclamation in favor of antiseptics in the following words: "Whereas it is irrefutably proved by science that the so-called antiseptic treatment of wounds yields more beneficial results than all other methods, we are pleased to order that henceforward the said antiseptic plan of treatment be solely employed in all hospitals of our kingdom, and that corrosive sublimate and iodoform be used until our further dispositions." The *Brit. Med. Jour.* explains that this is not taken from *Punch*, as might be expected from its sound, and wonders what Lawson Tait or Keith would do in Servia.